

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 30 AM 8:24

DOCUMENT # **A010000000459**

**1. Name of Limited Partnership**

**JARHEAD TRADING FUND, LTD.**

**2. Principal Office Address**

**480 N. Orlando Ave**

Suite, Apt. #, etc.

**Ste 200**

City & State

**Winter Park, FL**

Zip

**32789**

Country

**USA**

**3. Mailing Office Address**

**480 N. Orlando Ave**

Suite, Apt. #, etc.

**Ste 200**

City & State

**Winter Park, FL**

Zip

**32789**

Country

**USA**

**4. Date Formed or Registered  
To Do Business in Florida**

**5. FEI Number**

**59-3711054**

Applied For

☒ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

**7a. Capital Contributions as shown on Record:**

**2,000,000**

**7b. Amount of Capital Contributions in FLORIDA to date:**

**8. Name and Address of Current Registered Agent**

Name

**Pizzuti, Stephen D.**

Street Address (P.O. Box Number is Not Acceptable)

**480 N Orlando Ave**

Suite, Apt. #, Etc.

**Ste 200**

City

**Winter Park**

State  
**FL**

Zip Code

**32789**

**9.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
<b>P00000094572</b> <b>Jarhead Trading Fund, Ltd.</b>	<b>480 N. Orlando Ave # 200</b>	<b>WINTER PARK, FL 32789</b>	<b>P00000094572</b>
<b>REINSTATEMENT</b>			<b>300025328743</b> <b>12/08/03--01075--019 **937.50</b>
			<b>300025328743</b> <b>12/30/03--01040--003 **88.75</b>
			<b>20,102,25</b>

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**11.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

**STEPHEN D PIZZUTI**

DATE

**12/3/03**

Telephone Number

**(407) 774-1995**

Typed or Printed Name of General Partner Signing Form