

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:06

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A01000000502

1. Name of Limited Partnership  
LRCS Limited Partnership

2. Principal Office Address  
10302 S. Federal Hwy, #326

3. Mailing Office Address  
10302 S. Federal Hwy, #326

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Port St. Lucie, Florida

City & State  
Port St. Lucie, Florida

Zip  
34952

Country  
St. Lucie

Zip  
34952

Country  
St. Lucie

4. Date Formed or Registered  
To Do Business in Florida 04/11/2001

5. FEI Number  
94-3394431

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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

Name  
Lee R. Champagne, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
10302 S. Federal Hwy, #326

Suite, Apt. #, Etc.

City  
Port St. Lucie

State  
FL

Zip Code  
34952

**7. FEES:**

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited  
partnership revoked on our records

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE

10-1-06

**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
Lee R. Champagne, Jr.	10302 S. Federal Hwy, #326	Port St. Lucie, FL 34952	A01000000502

800093245378  
01/04/07--01040--006 \*\*1000.00  
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**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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

DATE

10-1-06

Typed or Printed Name of General Partner Signing Form

Telephone Number