

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -4 AM 8:55

*ES*

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A01000000599

1. Name of Limited Partnership Spartan Investment Fund, Ltd.

**REINSTATEMENT 03-05**

2. Principal Office Address  
100 1<sup>st</sup> AVE S  
Suite, Apt. #, etc. Ste 287  
City & State St Petersburg FL  
Zip 33701 Country US

3. Mailing Office Address  
100 1<sup>st</sup> AVE S  
Suite, Apt. #, etc. Ste 287  
City & State St Petersburg, FL  
Zip 33701 Country US

4. Date Formed or Registered To Do Business in Florida 4/25/2001

5. FEI Number 651156762 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 Thomas P. McNamara  
Street Address (P.O. Box Number is Not Acceptable) 2909 Bay to Bay Blvd Ste 309  
Suite, Apt. #, Etc.  
City Tampa State FL Zip Code 33629

7a. Capital Contributions as shown on Record 100,000.00

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

**FEES:**

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

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
<u>Spartan Advisors LLC</u>	<u>100-1<sup>st</sup> AVE S Ste 287 St. Petersburg FL 33701</u>		<u>L0000000 5749 300046423663 --02/11/05--01017--022 **3087.50</u>

**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)(f), 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 *[Signature]* DATE 11/3/04  
Typed or Printed Name of General Partner Signing Form MICHAEL J. ELDER Telephone Number 727-502-0508

CR2E039 (10/02)