

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

A01000000614

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A01000000614

1. Name of Limited Partnership

LOBELL FAMILY LIMITED PARTNERSHIP

2. Principal Office Address
7100 Radice Ct.

3. Mailing Office Address
7100 Radice Ct.

Suite, Apt. #, etc.
#502

Suite, Apt. #, etc.
#502

City & State
Lauderhill, Florida

City & State
Lauderhill, Florida

Zip 33319 **Country** USA

Zip 33319 **Country** USA

8. Name and Address of Current Registered Agent

Name
Sherry Lobell

Street Address (P.O. Box Number is Not Acceptable)
7100 Radice Court

Suite, Apt. #, Etc.
#502

City
Lauderhill

State FL **Zip Code** 33319

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized/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

Sherry Lobell Revocable
Living Trust

7100 Radice Ct.
#502

Lauderhill, FL 33319

G01123900207

REINSTATEMENT 2002-2003

600021940866

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 *Sherry Lobell*

DATE

7/25/03

Typed or Printed Name of General Partner Signing Form

Sherry Lobell, Trustee

Telephone Number

FILED
03 JUL 30 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2039 (10/02)

A010000000614

ACCOUNT NUMBER: FCA0000000005

REFERENCE:

(Sub Account)

179 7348-2

DATE:

7/30

REQUESTOR NAME:

Lexis Document Services/CSC

ADDRESS:

TELEPHONE:

() () ext ()

CONTACT NAME:

CORPORATION NAME:

Lobell Family Limited Partnership

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

☒ CERTIFIED COPY (1-9)

☒ CERTIFICATE OF STATUS (1-9)

☒ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:00
() Pick Up

Reinstatement
(13/16/10)
per Tammi
Cline

BK