

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 14 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A010000000786

1. Name of Limited Partnership

THE END II Limited Partnership

2. Principal Office Address

1555 NAUTILUS RD
Suite, Apt. #, etc.

3. Mailing Office Address

1555 NAUTILUS RD.
Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip Country

34102 U.S.

Zip Country

34102 U.S.

8. Name and Address of Current Registered Agent

Name JAYSON HOWARD

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

1555 NAUTILUS RD.

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34102

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)

LISA A. McMANUS

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1555 NAUTILUS RD.

City, State and Zip Code

NAPLES, FL 34102

10a. Registration Document Number

JAYSON L. HOWARD

1555 NAUTILUS RD.

NAPLES, FL 34102

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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 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

Jayson Howard

DATE

1/06/03

Typed or Printed Name of General Partner Signing Form

JAYSON L. HOWARD

Telephone Number

239-262-0088

CR2039 (10/02)