



2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A01000001473		
1. Entity Name B.C. LEWIS PARTNERSHIP, LTD.		

Principal Place of Business 919 WAVERLY ROAD TALLAHASSEE, FL 32312	Mailing Address 919 WAVERLY ROAD TALLAHASSEE, FL 32312
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 OCT 12 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



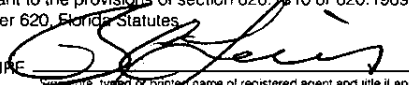
10122006 REIN-LP CR2E100 (11/05)

4. FEI Number 59-3753675	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEWIS, BEECHER C 919 WAVERLY ROAD TALLAHASSEE, FL 32312	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. 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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$500.00 After January 1, 2007, Fee will be \$1000.00	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000019011	STREET ADDRESS	
NAME	BCL INVESTMENTS, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	919 WAVERLY ROAD		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		
DOCUMENT #		STREET ADDRESS	500080774685
NAME		CITY-ST-ZIP	10/12/05-01039-001 **600.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  DATE _____ DAYTIME PHONE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

REINSTATEMENT 06
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