## 2007 LIMITED PARTNERSHIP REINSTATEMENT

STAPLE CHECK

## FILED DOCUMENT # A01000001473 B.C. LEWIS PARTNERSHIP, LTD. 07 SEP 27 PM 2: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 919 WAVERLY ROAD 919 WAVERLY ROAD TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09272007 CR2E100 (1/07) City & State City & State 4. FEI Number Applied For 59-3753675 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEWIS, BEECHER C Street Address (P.O. Box Number is Not Acceptable) 919 WAVERLY ROAD TALLAHASSEE, FL 32312 City Zip Code 8. Pursuant to the provisions of section 620.1810 \$20.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florid SIGNATURE ed agent and title if applicable. (REGISTERED AGENT MUST SIGN) DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOWIII FEE IS \$500.00 After January 1, 2008, Fee will be \$1000.00 prior notice. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # L01000019011 STREET ADDRESS BCL INVESTMENTS, L.L.C. **800110017598** 09/27/07--01017--020 \*\*60 STREET ADDRESS 919 WAVERLY ROAD CITY-ST-ZIP \*\*600.00 CITY-ST-ZIP TALLAHASSEE, FL 32312 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT ≱ STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP renstatement CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 emperated to execute this report as required by Chapter 620, Florida Statutes. SIGNATURE