PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Name of Limited Partnership SEAGRASS HOLDINGS LTD 2. Principal Office Address - No P.O. Box #	LIMITED PARTNERS REINSTATEM	HIP	FLORIDA DEPAR Secretary DIVISION OF CO	y of State	TE	SECRETAF DIVISION OF	LED RY OF STATE CORPORATIONS PM 12: 51	
Suite, Apt. #, etc. Suite, Ap	DOCUMENT # AOI 1573 1. Name of Limited Partnership SEAGRASS HOLDINGS, LTD.						, , , , , ,	
4. Obter Formed for Registered 11/2001 Second PATON FLORIDA City & State FLOR ITA S. FEI Number Applied For Adolesces in Printing Ado	2. Principal Office Address - No P.O. Box # 11452 SEAGRASS CIRCLE		3. Mailing Office Address			CR2E039 (1/07)		
City & State Secondary Se	Suite, Apt. #, etc.		Suite, Apt. #, etc.		ŝ	4. Date Formed or Registered 11/2 001		
8. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent 7. FEE: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Supplemental Fee(s): \$88.75 for each year or part thereof limited partnership store of a sutherly was reported on our records. Supplemental Fee(s): \$88.75 for each year or part thereof limited partnership store of a sutherly was revised on our records. Supplemental Fee(s): \$88.75 for each year or part thereof limited partnership store of a sutherly was revised on our records. Supplemental Fee(s): \$88.75 for each year or part thereof limited partnership store of a sutherly was revised on our records. Supplemental Fee(s): \$88.75 for each year or part thereof limited partnership store of	BOCA RATON, FLORIDA		City & State FLOR ITA				Applied For	
Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$837.5 for each year due this office. Supplemental Fee(s): \$837.5 for each year due this office. Penalty Fee(s): \$41.2 for each year due this office. Penalty Fee(s): \$41.2 for each year due this office. Penalty Fee(s): \$41.2 for each year due this office. Penalty Fee(s): \$41.2 for each year due this office. Penalty Fee(s): \$41.2 for each year due this office. Penalty Fee(s): \$41.2 for each year due this office. Penalty Fee(s): \$41.2 for each year due this office. Penalty Fee(s): \$41.2 for each year due this office. Penalty Fee(s): \$41.2 for each year due this office. Penalty Fee(s): \$41.2 for each year due this of	^{zip} 33498	Country	Zip	Country			\$8.75 Additional Fee required	
Supplemental Fee(s): \$88.75 for each year due this office. Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. 4, Etc. Su		8. Name and Address of	Current Registered Agen	t		7. FEES:		
Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. Suite, Apt. #, Etc. City BOCA RATION State FL 33498 Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. A \$500 penalty is due for reach year or part thereof limited partnership revoked on our records. except in circumstances which the entity did not receive the provincies were not received and requesting the 5300 penalty received and requestin	Name ADRIAN	ECHATTERT	01			\		
Suite, Apt. #, Etc. City BOCA RATTON State Type Code FL 33498 State State Type Code FL 33498 Pursuant to the provisions of section 620 i810 or 620 i999, Florida Statutes. I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620. Florida Statutes. Portion Statutes GEGISTERED AGENT MUST SIGN) 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 Fartner (Do NOT Use Pool Office Box Numbers) City, State and Zip Code 10. Americal Partner Code (Do NOT Use Pool Office Box Numbers) REINSTATEMENT 2006 2007 REINSTATEMENT 2007 REINSTA	Street Address (P.O. Box	(Number is Not Accentable)				Penalty Fee(s): \$500 for each yea	ar or part thereof limited	
State BOCA RATON State Job Code State Job Code State Job Code State Job Code FL 3 3 4 9 4 9 4 1 11/16/07-01010-005 ***500.00 REINSTATEMENT Joob Job Code State Job Code	Suite, Apt. #, Etc.	SEPOR ASS	CIRCLE			l <u> </u>		
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 (Registered Agent Accepting Appointment) 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) INA MARTIN 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) INA MARTIN 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) 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) 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) A GENERAL PARTNER THAT IS A CORPORATION OF THE ACCEPT THE ACC	• '		Charles	75- 0-4-		certificate of authority was revoke circumstances which the entity did	d on our records, except in I not receive the prior notices.	
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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) THA MARTIN 7 FELTO HILL MONTANT ATTEMENT 2006 2007 REINSTATEMENT 2006 2007 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 (Do NOT Use Post Office Box Numbers) 10. Name(s) of General Partner(s) 1			(REGI					
INA MARTIN 7 ELTO HILL MONTAL: Name and 250 Code 100 Not use Post Office Box Numbers) 100 1 1 2 3 5 4 0 4 1 11/16/07 01010 005 ***500.00 REINSTATEMENT 2006 2007	A GENERAL	PARTNER THAT IS MUST	S A CORPORATI BE REGISTERE	ON, LIMITED D AND ACTIV	PAR E W	TNERSHIP OR OTHER ITH THIS OFFICE.	BUSINESS ENTITY	
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						10011235 11/16/07-01010	 34041 005 **500.88	
	REINSTATE	EMENT 2006	2007			12/19/07-01614-5	4041 33 **\$00.00	
Note: Consider the second section of the section of the second section of the se		-						
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 filling is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 THE THEORY OF THE HOUSE								
SIGNATORIL BATE TI	Typed or Printed Name of General Partner Signing Form ADRIANE CHATTERTON TO Number 501 477 1604							