2008 LIMITED PARTNERSHIP REINSTATEMENT FILED DOCUMENT # A01000001573 2008 NOV 12 PM 12: 32 SEAGRASS HOLDINGS, LTD. SEGRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11452 SEAGRASS CIRCLE 11452 SEAGRASS CIRCLE BOCA RATON, FL 33498 BOCA RATON, FL 33498 2. Principal Place of Business - No P.O. Box # 114 5 2 SEAGRAS CIRCE 3. Mailing Address 10312008 CR2E100 (1/07) REIN-LP 4. FEI Number Applied For 22-3844316 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CHATTERTON, ADRIANE Street 11452 SEAGRASS CIRCLE BOCA RATON, FL 33498 Zip Code FL 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 1) Or FILE NOW!!! FEE IS \$1000.00 After January 1, 2009, Fee will be \$2000.00 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 13. 12. DOCUMENT # STREET ADDRESS NARTIN, INA STREET ADDRESS **7 ECHO HILL** CITY-ST-ZIP 600137840656 11/12/08--01004--023 **10 CITY-ST-ZIP MONTVALEON, NJ 07645 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

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