

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 12 PM 2:25

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A 02 000000124  
1. Name of Limited Partnership  
The Palms of Riviera Dunes, LTD

800131005268  
06/09/08--01003--007 \*\*1152.00

CRZE038 (1/07)

2. Principal Office Address - No P.O. Box # 611 19 <sup>th</sup> Ave. W. Suite, Apt. #, etc.		3. Mailing Office Address 611 19 <sup>th</sup> Ave. W. Suite, Apt. #, etc.	
City & State Palmetto, FL		City & State Palmetto, FL	
Zip 34221	County Manatee	Zip 34221	County Manatee

4. Date Formed or Registered To Do Business in Florida 1-22-2002	
5. FEI Number 300165404	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Gerald J. Snyder

Street Address (P.O. Box Number is Not Acceptable)  
611 19<sup>th</sup> Ave. W.

Suite, Apt. #, Etc.

City  
Palmetto

State  
FL

Zip Code  
34221

7. FEES:

Filing Fee(s): \$11.25 for each year due this office.  
Supplemental Fee(s): \$88.75 for each year due this office.  
Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof the entity's Certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. 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) Gerald J. Snyder DATE 6-2-2008  
(REGISTERED 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 Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
JS L.L.C.	611 19 <sup>th</sup> Ave. W	Palmetto, FL 34221	L0200000 2176 800131005268 06/13/08--01028--014 **400.50
L & B Investments, LLC	2785 Kipps Colony Drive # 107	Gulfport, FL 33707	L0100000 20888

06-08 REINSTATEMENT *Yell*

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 exemptions contained in Chapter 118, Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Chapter 118, F.S. in the event the information supplied is deemed exempt from public access. I further certify that the information indicated on the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to submit the report as required by Chapter 620, Florida Statutes.

SIGNATURE Gerald J. Snyder DATE 6-2-2008  
Typed or Printed Name of General Partner Signing Form Telephone Number

FF \$1500.00