

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAR -4 AM 7:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000297

1. Name of Limited Partnership

STREEM FAMILY LIMITED PARTNERSHIP

000027091940  
01/16/04 01027 001

2. Principal Office Address

7505 Stoneybrook Drive

3. Mailing Office Address

7505 Stoneybrook Drive

Suite, Apt. #, etc.

Unit #734

Suite, Apt. #, etc.

Unit #734

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34112

Country

USA

Zip

34112

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

2-27-2002

5. FEI Number

03-0421967

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 - Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$1,100,000

7b. Amount of Capital Contributions in FLORIDA to date:

\$998,659.30

8. Name and Address of Current Registered Agent

Name

Thornton M. Henry

Street Address (P.O. Box Number is Not Acceptable)

505 South Flagler Drive

Suite, Apt. #, Etc.

Suite #1100

City

West Palm Beach

State

FL

Zip Code

33401

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**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

Claire C. Stroom

6825 Davis Blvd, #111

Naples, FL 34104

Barbara S. Freiberg

7505 Stoneybrook Dr.  
#734

Naples, FL 34112

Kathryn G. Stroom

3724 Black Feather Drive

El Sobrante, CA 94803

000027091940  
03/09/04--01056--018 \*\*606.25

**REINSTATEMENT**

**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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

*Barbara S. Freiberg*

DATE

2/18/04

Typed or Printed Name of General Partner Signing Form

Barbara S. Freiberg, General Partner

Telephone Number

(239) 530-4555

CR2E039 (10/02)