

A02000000798

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -6 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A02000000798

1. Name of Limited Partnership
SHAUGHNESSY AND HAYNES, Limited Partnership

REINSTATEMENT

2003-2004

2. Principal Office Address
46 N. PINE CIRCLE

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33756

Country

USA

3. Mailing Office Address

P.O. Box 1773

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33779

Country

USA

4. Date Formed or Registered
To Do Business in Florida May 1, 2002

5. FEI Number
01-0703325

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:
227,000.00

7b. Amount of Capital Contributions in FLORIDA to date:
227,000.00

FEES:

1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 2. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 3. Penalty Fee(s): \$500 penalty fee for each year report form is due.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name
Sheryl M. Haynes

Street Address (P.O. Box Number is Not Acceptable)
46 N. Pine Circle

Suite, Apt. #, Etc.

City
Clearwater

State
FL

Zip Code
33756

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) Sheryl M. Haynes DATE 4-29-04

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
PATRICK J. ENTERPRISES, INC	46 N. PINE CIRCLE	Clearwater, FL	P02000059812
			000035530390
			06/10/04--01008--014 **1026.25
			000035530390
			05/05/04--01037--012 **1035.00
			\$2052.50

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 Sheryl M. Haynes DATE 4-29-04

Typed or Printed Name of General Partner Signing Form Telephone Number

CR2E039 (9/03)