

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 27 AM 9:54

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # AO2000000993

1. Name of Limited Partnership

**JV PARTNERSHIP, LTD**

2. Principal Office Address

**2900 NW 165 STREET**

Suite, Apt. #, etc.

City & State

**CITRA, FL**

Zip

**32113**

Country

3. Mailing Office Address

**PO BOX 638**

Suite, Apt. #, etc.

City & State

**ORANGE LAKE, FL**

Zip

**32681**

Country

CR2E039 (11/05)

4. Date Formed or Registered  
To Do Business in Florida

**07/08/2002**

5. FEI Number

**20-0001437**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**WAYNE VERVILLE**

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

**2900 NW 165 STREET**

Suite, Apt. #, Etc.

City  
**CITRA**

State

**FL**

Zip Code

**32113**

7. FEES:

Filing Fee(s): \$411.25 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 Please Abate -  
the State had wrong mailing address  
+ notice was not received.

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)

*Wayne Verville*

(REGISTERED AGENT MUST SIGN)

DATE

**3/2/06**

**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
JV, LLC	2900 NW 165 STREET	CITRA, FL, 32113	L02000017052
<p>200069359122 04/10/06--01051--011 **2000.00</p> <p>REINSTATEMENT 03-06</p>			

**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 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

*Janet Verville*

DATE

**2/2/06**

Typed or Printed Name of General Partner Signing Form

**Janet Verville For JV, LLC**

Telephone Number