


2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2007 APR 17 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000173	
1. Entity Name AGCMD OFFICE PARTNERSHIP, A FLORIDA LIMITED PARTNERSHIP	

Principal Place of Business 13801 N. DALE MABRY HWY. SUITE 200 TAMPA, FL 33618 US	Mailing Address 13801 N. DALE MABRY HWY. SUITE 200 TAMPA, FL 33618 US
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01162007 REIN-LP CR2E100 (1/07)

4. FEI Number 59-3565549	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent GOINS, PHILIP ALLEN 13801 N. DALE MABRY HWY. SUITE 200 TAMPA, FL 33618	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	K39461	STREET ADDRESS	
NAME	A.G. DEVELOPMENT GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	13801 N. DALE MABRY HWY., SUITE 200		
CITY-ST-ZIP	TAMPA, FL 33618		
DOCUMENT #	P93000052376	STREET ADDRESS	100101621041
NAME	CMD ENTERPRISES, INC.	CITY-ST-ZIP	05/04/07--01056--008 **2009.75
STREET ADDRESS	13801 N. DALE MABRY HWY., SUITE 100		
CITY-ST-ZIP	TAMPA, FL 33618		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	REINSTATEMENT 06-07
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

SIGNATURE:		4-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #

STAPLE CHECK HERE