

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 17 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000818

1. Name of Limited Partnership

Mary R. Lamar Family Limited Partnership

2. Principal Office Address - No P.O. Box #

400 W. Morse Blvd.

3. Mailing Office Address

P. O. Box 3350

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

US

Zip

32790

Country

US

8. Name and Address of Current Registered Agent

Name

Dean Mead Services, LLC

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

800 N. Magnolia Ave.

Suite, Apt. #, Etc.

Suite 1500

City

Orlando

State

FL

Zip Code

32803

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)

Steven C. Lee

Steven C. Lee, Vice Pres.

DATE **12/16/09**

(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)

Rolling R Management, LLC

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**1610 Lookout Landing
Circle
400 W. Morse Blvd.
Suite 230**

City, State and Zip Code

Winter Park, FL 32789

10a. Registration
Document Number

L07000120529

REINSTATEMENT 2008-2009

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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

Leslie J. Harmeson

DATE

12/15/2009

Typed or Printed Name of General Partner Signing Form

Leslie Harmeson, Manager

Telephone Number

(407) 644-9416

100163727641

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