

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1,000.00
9-16-05

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 23 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001449

1. Name of Limited Partnership

TRKB FAMILY LIMITED PARTNERSHIP

2. Principal Office Address

C/O KIRT SCHOENHEIT

Suite, Apt. #, etc.

1351 SE 3RD TERRACE

City & State --

POMPANO BEACH, FL

Zip

33060

Country

USA

3. Mailing Office Address

P. O. BOX 1963

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33061

Country

USA

CR2E039 (11/05)

**4. Date Formed or Registered
To Do Business in Florida**

10/03/03

5. FEI Number

20-0273755

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

STEPHEN M. GOLDING

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

2950 W. CYPRESS CREEK ROAD,

Suite, Apt. #, Etc.

SUITE 102

City

FT. LAUDERDALE, FL

State

FL

Zip Code

33309

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

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)

(REGISTERED AGENT MUST SIGN)

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
TRBK MANAGEMENT CO.	P. O. BOX 1965 1351 SE 3 Terr.	Pompano Beach, FL 33061 Pompano Beach FL 33060 400101619964 05/04/07--01056--001 **1000.00 REINSTATEMENT 05-07	P03000109648

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

K. Schenck

DATE

8/21/06

Typed or Printed Name of General Partner Signing Form

K. Schenck

Telephone Number

954 856 8594