

# **2004 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A03000001686

**FILED**  
**Nov 12, 2004**  
**Secretary of State**

**Entity Name:** LOY FAMILY LIMITED PARTNERSHIP, LTD.

**Current Principal Place of Business:**

2437 LYDIA WAY  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

800 SCALLOP DRIVE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

2437 LYDIA WAY  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

800 SCALLOP DRIVE  
CAPE CANAVERAL, FL 32920

**FEI Number:** 20-0663671      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOY, JOSEPH R  
2437 LYDIA WAY  
NEW SMYRNA BEACH, FL 32168      US

**Name and Address of New Registered Agent:**

LOY, JOSEPH R  
800 SCALLOP DRIVE  
CAPE CANAVERAL, FL 32920      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSEPH R. LOY

11/12/2004

Electronic Signature of Registered Agent

Date

**Capital Contributions as Shown on record:** 98.00  
**Amount of Capital Contributions in Florida to date:** 98.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: LOY, JOSEPH R  
Address: 2437 LYDIA WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168  
Document #:

Address: 800 SCALLOP DRIVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Name: LOY, MERRILEE AMES  
Address: 2437 LYDIA WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Address: 800 SCALLOP DRIVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH R. LOY

GP

11/12/2004

Electronic Signature of Signing General Partner

Date