

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 25 AM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/07)

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # A03000001827

1. Name of Limited Partnership

CILEWAY DEVELOPERS, LLP

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

285 W. Bayou Forest
Suite, Apt. #, etc.

3. Mailing Office Address

285 W. Bayou Forest
Suite, Apt. #, etc.

City & State

FREEPORT, FL
Zip Country

32439 USA

City & State

FREEPORT FL
Zip Country

32439 USA

4. Date Formed or Registered
To Do Business in Florida

DEC. 15 2003

5. FEI Number

26-3189963

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

LEAMON L. THAMES

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

285 WEST BAYOU FOREST

Suite, Apt. #, Etc.

City

FREEPORT

State

FL

Zip Code

32439

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.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

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)

Leamon L. Thames
(REGISTERED AGENT MUST SIGN)

DATE

8-18-08

**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
<u>LEAMON L. THAMES</u>	<u>285 W. Bayou Forest</u>	<u>FREEPORT, FL 32439</u>	
<u>JOHNNIE C. THAMES</u>	<u>285 W. Bayou Forest</u>	<u>FREEPORT, FL 32439</u>	

REINSTATEMENT

0408

700134814477

08/25/08--01057--009

**2508.75

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

Leamon L. Thames

DATE

8-18-08

Typed or Printed Name of General Partner Signing Form

LEAMON L. THAMES

Telephone Number

850-835-3505