

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**  
**12 FEB 14 AM 11:01**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** A04000000136

1. Name of Limited Partnership

**Sandalwood Limited Partnership**

2. Principal Office Address - No P.O. Box #  
**4420 FM 1960 West**

3. Mailing Office Address  
**4420 FM 1960 West**

Suite, Apt. #, etc.  
**Suite 224**

Suite, Apt. #, etc.  
**Suite 224**

City & State  
**Houston, Texas**

City & State  
**Houston, Texas**

Zip  
**77068**

Country  
**USA**

Zip  
**77068**

Country  
**USA**

4. Date Formed or Registered  
To Do Business in Florida **06/22/2006**

5. FEI Number  
**20-0465421**

☐ 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  
**John K. Keating**

Street Address (P.O. Box Number is Not Acceptable)  
**250 East Colonial Drive**

Suite, Apt. #, Etc.  
**Suite 300**

City  
**Orlando**

FL Zip Code  
**32801**

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.

E-mail Address:

**tracie.galindo@cncinvestments.com**

E-Mail address to be used for future annual report notices

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

**Sandalwood Managment, LLC**

**4420 FM 1960 West,  
Suite 224**

**Houston, TX 77068**

**L04000006707**

**REINSTATEMENT 09-12**

**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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

**Chowdary Yalamanchili**

Telephone Number