

\$641.25

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A04000000360

1. Entity Name
PATMAN/CLIM LIMITED PARTENERSHIP



SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 15 AM 9:17

Principal Place of Business
320 N. EDINBURGH DRIVE
SUITE A
WINTER PARK, FL 32792

Mailing Address
320 N. EDINBURGH DRIVE
SUITE A
WINTER PARK, FL 32792

2. Principal Place of Business

1320 Bridgeport Dr.
Suite, Apt. #, etc.

3. Mailing Address

1320 Bridgeport Dr.
Suite, Apt. #, etc.



10182005 REIN-LP CR2E100 (6/04)

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEAR, CODY L
8253 BREEZE COVE LANE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name Russell Forekey Esq.

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

2888 E. Oakland Park Blvd.

City Ft. Lauderdale

FL

Zip Code 33306

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

10-18-05

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

100.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

TREVISANI, THOMAS P
320 N. EDINBURGH DR.
WINTER PARK, FL 32792

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

TREVISANI, SEVILLA M
320 N. EDINBURGH DRIVE
WINTER PARK, FL 32792

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

TREVISANI, THOMAS P II
320 N. EDINBURGH DR.
WINTER PARK, FL 32792

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

12/30/05--01059--011 **532.50

000061184260

11/07/05--01010--019 **109.75

REINSTATEMENT 2005

14. I hereby certify that the information supplied with this filing does not qualify 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 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:

Thomas P Trevisani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

10-18-05

407-274-2680

STATE OF FLORIDA