

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 28 AM 10:58

DOCUMENT # A04000000425

1. Entity Name
CITY GATE PRODUCTIONS LTD



Principal Place of Business
184 MARSH ISLAND CIRCLE
ST. AUGUSTINE, FL 32095 US

Mailing Address
184 MARSH ISLAND CIRCLE
ST. AUGUSTINE, FL 32095 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10212005 REIN-LP CR2E100 (6/04)

4. FEI Number
20-0702634

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNA, WANDA M
184 MARSH ISLAND CIRCLE
ST. AUGUSTINE, FL 32095

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00

11/21/05

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 #	REYNA, WANDA M
NAME	184 MARSH ISLAND CIRCLE
STREET ADDRESS	ST. AUGUSTINE, FL 32095
CITY-ST-ZIP	
DOCUMENT #	CAIN, DIANA S
NAME	1452 SAN JUAN STREET
STREET ADDRESS	ST. AUGUSTINE, FL 32080
CITY-ST-ZIP	
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	800062150050 12/14/05--01003--004 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: Wanda M. Reyna Wanda M. Reyna (804) 823-9852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #