


2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A04000000681		
1. Entity Name GUERRINI FAMILY LIMITED PARTNERSHIP		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 AM 10:31

Principal Place of Business 1125 ABBYS WAY TAMPA, FL 33602	Mailing Address 1125 ABBYS WAY TAMPA, FL 33602
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10312005 REIN-LP CR2E100 (6/04)

4. FEI Number	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CHRYSOCHOOS, JAKUES 1125 ABBYS WAY TAMPA, FL 33602	

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. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. 40.00	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CHRYSOCHOOS, JAKUES	CITY-ST-ZIP	
STREET ADDRESS	1125 ABBYS WAY		
CITY-ST-ZIP	TAMPA, FL 33602		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	P04000068257	CITY-ST-ZIP	
STREET ADDRESS	GUERRINI CORPORATION		
CITY-ST-ZIP	1125 ABBYS WAY		
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: 	11/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date
	Daytime Phone #

STAPLE CHECK HERE