1. Name of Limited Partnership



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS
DOCUMENT #	A0400	00000687

5/40@ BCAY CUR WASA Limited PARTHALSILIPALLE

2. Principal Office Address - No P.O. Box # 520 5 PONCE Delegal BLVd	3. Mailing Office Address 520 5, Powce	ess Debou Bluc	CR2E039 (1/11) 4. Date Formed or Registered To Do Business in Florida 5/13/2004					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State Strugustive FL 32087	City & State	e FL		5. FEI Number 200602790		Applied For		
STAUGUSTINE FL 32084 Zip Country 32084 USA	zip 3 ~0 84	Country		6. CERTIFICATE OF STATUS DESIRED		Additional Fee required a Certificate of Status		
8. Name and Address of	Current Registered Age	nt		7. FEES:				
Name	Filing Fee(s): \$411.25 for each year due this office.							
KAHRYW DANZEISEN				Supplemental Fee(s): \$88.75 for each year due this office.				
Street Address (P.O. Box Number is Not Acceptable) 25485 RINEH LAWS aff JARRWHY				Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.				
Suite, Apt. #, Etc.				E-mail A				
City Powbe Dedan	FL	Zip Code 3 2082		DAUID DANZEISEUSR @ AOL, COM		AOL, COM		
				E-Mail address to be used f				
 Pursuant to the provisions of section 620 1810 or 620.19 Florida Statutes. 	α				,	ſ		
SIGNATURE (Registered Agent Accepting Appointment)	Sothy Don	1eran		DATE	1/15	12013		
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 Partrilly (Do NOT Use Post Office Box Numbers)		City, State and Zip Code		Registration Document Number		
DAVID DAVZEISEN	520 S. Porce	3hud	57	- Augustine FL	2040	1000 2 7839		
				30024392 01/23/1301017	877 003 *	7:3 *4008.75		
Note: General partners MAY NOT b	ne changed on th	is form: an ame	andm.	ent must he filed to chan	Ge a ge	neral nartner		
								
11. Ido hereby certify that the information supplied with this film liability of non-compliance with Chapter 119, F.S. in the event and that my signature shall have the same legal effects as if in chapter 620, Florida Statutes. I am awayayhat false information	that the information supplied is nade under oath. I further certify	deemed exempt from public that I am a General Partner of	c access. I f of the limit	further certify that the information indicated or ed partnership, receiver or trustee empowered ird degree felony as provided for in s.817.155, I	n this annual i to execute th E.S.	report is true and accurate is report as required by		
SIGNATURE Claul PH	Janjonie DAL			DATE Telephone Number 2008	5/3			
-								

1/00				
<u></u>	Filiy Fee	Supple Monthle Fra	Pewalty Fee	TOTAL
2010	411.25	88.75	300,00	1000,00
2011	411.25	88.75	900.00 500,00	1000.00
2012	411,25	88.75	500,00	1000,00
2013	411.25	86.75		# 4000.00
		Ceatificat	e of Statis	\$ 8,75
		, and the second		a 0.75
		70706	Doe	4008,75
		CHeck A	theHeb	