

2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 9:30

DOCUMENT # A04000000915

1. Entity Name
STATE ROAD #7 PARTNERS, LTD.



Principal Place of Business
7965 LANTANA ROAD
LAKE WORTH, FL 33454

Mailing Address
7965 LANTANA ROAD
LAKE WORTH, FL 33454

2. Principal Place of Business

3. Mailing Address
P. O. Box 540669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lake Worth FL

Zip

Country

Zip
33454

Country
USA

03142006 REIN-LP CR2E100 (11/05)

4. FEI Number
57-1207484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMIGIEL, GARY
7965 LANTANA ROAD
LAKE WORTH, FL 33454

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # L93000000238
NAME GARY SMIGIEL, L.C.
STREET ADDRESS 7965 LANTANA ROAD
CITY-ST-ZIP LAKE WORTH, FL 33454

STREET ADDRESS

CITY-ST-ZIP

500069958935
04/10/06--01061--009 **1008.75

DOCUMENT # P03000034906
NAME THOMAS J. MECCA, INC.
STREET ADDRESS 7965 LANTANA ROAD
CITY-ST-ZIP LAKE WORTH, FL 33454

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

REINSTATEMENT 05-06

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I were 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:

[Signature]

MAR 14 2006

Date

Daytime Phone #

17483605

STAPLE CHECK HERE