

2008 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -4 PM 12:56

DOCUMENT # A04000001408		
1. Entity Name OBSTGARTEN FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 16323 VINTAGE OAKS LANE DELRAY BEACH, FL 33484	Mailing Address 16323 VINTAGE OAKS LANE DELRAY BEACH, FL 33484
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10232008 REIN-LP CR2E100 (1/07)

4. FEI Number 20-1492046	Applied For <input type="checkbox"/> Not Applicable
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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		7. Name and Address of New Registered Agent	
RUBIN, SANDRA 16323 VINTAGE OAKS LANE DELRAY BEACH, FL 33484		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$500.00 After January 1, 2009, Fee will be \$1000.00	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 #		STREET ADDRESS	
NAME	RUBIN, SANDRA	CITY-ST-ZIP	100137526951 10/31/08--01023--020 **\$500.00
STREET ADDRESS	16323 VINTAGE OAKS LANE		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		
DOCUMENT #		STREET ADDRESS	
NAME	RUBIN, MARVIN	CITY-ST-ZIP	
STREET ADDRESS	16323 VINTAGE OAKS LANE		
CITY-ST-ZIP	DELRAY BEACH, FL 33484		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 2008

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 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:  DATE: 10/28/08 DAYTIME PHONE #: 561-637-4680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE