

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 AM 9:50

DOCUMENT # A04000001553

1. Name of Limited Partnership

Bloody Forland, Ltd.

2. Principal Office Address

2740 SW Martindowns Blvd.

3. Mailing Office Address

2740 SW Martindowns Blvd.

Suite, Apt. #, etc.

PMB 259

Suite, Apt. #, etc.

PMB 259

City & State

Palm City, Florida

City & State

Palm City, Florida

Zip
34990

Country
USA

Zip
34990

Country
USA

8. Name and Address of Current Registered Agent

Name

Capital Connection, Inc.

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

417 E. Virginia St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-1283

9. 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 (Registered Agent Accepting Appointment)

Lubni white
(REGISTERED AGENT MUST SIGN)

DATE

8/14/06

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 Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Thomas J. Sharkey, Sr.	2740 SW Martindowns Blvd. PMB 259	Palm City, Florida 34990 <i>1000079335661</i> 08/31/06-01040-016 **2008-75	A04000001553
Thomas J. Sharkey, Jr.	14 Commerce Drive	Cranford, NJ 07016	
Edward Sharkey	14 Commerce Drive	Cranford, NJ 07016	

REINSTATEMENT 05-06

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Thomas J. Sharkey

DATE

8/1/06

Typed or Printed Name of General Partner Signing Form

Thomas J. Sharkey, Sr.

Telephone Number

908-272-8100