## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED 2009 JAN -6 PM 2:53	
DOCUMENT # A0400001893  1. Name of Limited Partnership			CRETARY OF STATE PALLAHASSEE, FLORIBA		
JAMES D. ENGLISH, JR. FAMILY LIMITED PARTNERSHIP					
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 3 CRAGMORE RD			CR2E039 (1/07)		
ite, Apt. #, etc. Suite, Apt. #, etc.			Date Formed or Registered 12-2-04 To Do Business in Florida 12-104		
City & State ALVA, FL	City & State NEWTON,MA			Applied For Not Applicable	
33920-3211 ÜŚ	02464 ÜS			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				7. FEES:	
TODD MCGEE				Filing Fee(s): \$411.25 for each year due this office.  Supplemental Fee(s): \$88.75 for each year due this office.	
5294 SUMMERLIN COMMONS WAY				Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.	
Suite Ant #. Etc.				A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in	
ORT MYERS State   33907 Code				circumstances which the entity did not receive the prior notices.  By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
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) (REGISTERED AGENT MUST SIGN)				DATE	2/28/2003
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	TOa. Registration Document Number
ENGLISH FAMILY,LLC	GLISH FAMILY,LLC 3 CRAGMORE ROAD		NEV	VTON, MA 02464	L03000057080
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		4		201/05/03 51013	11242111111
REINSTATEMENT 05-06-07				7-01/06/0901013- 3-00-1-3-9-9	-011 **2000.00
		C.L.		0170670901013	-011 **≥000.00
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  11. I do hereby certily 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					
Let a reverse certify that the information supplied with this litting is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119. For 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 eath. 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 JM D G/M III DATE 12/28/2008					
Typed or Printed Name of General Partner Signing Form James O English III Telephone Number (617) 924-6735					