

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 JUL 15 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000315

1. Name of Limited Partnership

STARDUST ANGUS RANCH, LTD.

2. Principal Office Address - No P.O. Box #  
C/O JEANNE CHITTY-CAMPBELL, 21800 N. HWY 329

3. Mailing Office Address  
C/O JEANNE CHITTY-CAMPBELL, 21800 N. HWY 329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MICANOPY, FL

City & State  
MICANOPY, FL

Zip  
32667

Country  
US

Zip  
32667

Country  
US

4. Date Formed or Registered  
To Do Business in Florida 02/11/2005

5. FEI Number  
202251662

Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
JEANNE CHITTY-CAMPBELL

Street Address (P.O. Box Number is Not Acceptable)  
21800 N. HWY 329

Suite, Apt. #, Etc.

City  
MICANOPY

State  
FL

Zip Code  
32667

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited  
partnership revoked on our records.

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07/14/10-01022--007 \*\*4008.75

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

7/9/10

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
STARDUST ANGUS RANCH, INC.	21800 N. HWY 329	MICANOPY, FL 32667	P05000015601
<b>REINSTATEMENT 07-10</b> <i>07-16-10</i>			

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 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

DATE

7/9/10

Typed or Printed Name of General Partner Signing Form

Telephone Number