

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A05000001049

1. Entity Name
WALLACETOWN LAND COMPANY LLLP



Principal Place of Business
4458 OCEAN VIEW DRIVE
DESTIN, FL 32541 US

Mailing Address
4458 OCEAN VIEW DRIVE
DESTIN, FL 32541 US

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

10152007 REIN-LP

CR2E100 (1/07)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWD, JOHN R JR.
285 HIGHWAY 98 EAST
SUITE A
DESTIN, FL 32541

Name

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

City

FL

Zip Code

8. Pursuant to the provisions of section 620.15(1) 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 if applicable, (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$500.00
After January 1, 2008, Fee will be \$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 # A05000000380
NAME JERRY L. WALLACE LIMITED PARTNERSHIP
STREET ADDRESS 4458 OCEAN VIEW DRIVE
CITY-ST-ZIP DESTIN, FL 32541

STREET ADDRESS

CITY-ST-ZIP

600112472536
11/20/07--01061--004 **500.00

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

07 NOV 27 PM 12:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA



STAPLE CHECK HERE