2007 LIMITED PARTNERSHIP REINSTATEMENT

HER

CHECK

STAPLE

SIGNATURE

FILED DOCUMENT # A05000001660 WESTAN PROPERTIES LIMITED PARTNERSHIP 07 OCT 30 PM 12: 08 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 28100 CHALLENGER BLVD 28100 CHALLENGER BLVD **STE 103** STE 103 PUNTA GORDA, FL 33982 PUNTA GORDA, FL 33982 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10012007 REIN-LP CR2E100 (1/07) Applied For City & State City & State 4. FEI Number 20-3369898 Not Applicabl Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOOD, TONYA R Street Address (P.O. Box Number is Not Acceptable) 28100 CHALLENGER BLVD STE103 PUNTA GORDA, FL 33982 City 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, Floride **SIGNATUR**₽ licable. (REGISTERED AGENT MUST SIGN) s is etta bae anege In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE-NOW!!! FEE IS \$500.00 After January 1, 2008, Fee will be \$1000.00 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # L04000067522 STREET ADDRESS **RUSKIN PROPERTIES LLC** NAME STREET ADDRESS 28100 CHALLENGER BLVD CITY-ST-2IP CITY-ST-ZIP PUNTA GORDA, FL 33982 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS FAIL MENT DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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.

Mangy Newby