

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAY 30 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A05000002295

1. Name of Limited Partnership

YC RIVER LLLP

2. Principal Office Address

345 CHANCERY CIRCLE

Suite, Apt. #, etc.

City & State

NAPLES, FL

Zip

34110

Country

US

3. Mailing Office Address

791 WYE RD

Suite, Apt. #, etc.

City & State

AKRON, OH

Zip

44333

Country

US

CR2E039 (11/05)

4. Date Formed or Registered  
To Do Business in Florida

12/28/2005

5. FEI Number

20-4062994

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 E. JACKSON BOGGS

FOWLER WHITE BOGGS BANKER, PA

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

501 E. KENNEDY BLVD

Suite, Apt. #, Etc.

SUITE 1700

City

TAMPA

State

FL

Zip Code

33602

**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

WAIVE PENALTY - FORMS NOT  
RECEIVED

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)

*E. Jackson Boggs*  
(REGISTERED AGENT/MUST SIGN)

DATE

5/29/07

**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)

YC RIVER MGMT, LLC

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

791 WYE RD

City, State and Zip Code

AKRON, OH 44333

10a. Registration  
Document Number

LO5000112222

LS

**REINSTATEMENT**

600103942156

06/06/07--01004--015 \*\*1008.75

**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

*Elinor Culotta Secy*

DATE

4/30/07

Typed or Printed Name of General Partner Signing Form

Telephone Number

330-6666380