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LFASE	AD AL ASTRU	CTION'S BEF	OR	COMPLETING THIS I	FORM.		
PARTN ASH P REINSTATEMENT		PARTMENT OF S Im Smith etal of Late OF COMPORATIONS			FILED 3 12 PM 12: 35		
DOCUMENT#				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Name of Limited Partnership  California First,	Ltd.			TACLAR	ASSEE, FLORIDA		
2. Principal Office Address	3. Mailing Office A	ddress		4. Date Formed or Registered			
3945 Freedom Circle		dom Circle		To Do Business in Florida	October 14, 1976		
Suite 640	Suite, Apt. #, etc. Suite, Apt. #, etc.			<b>5.</b> FEI Number 591707804	Applied For Not Applicable		
City & State Santa Clara, Califor	City & State	a, Californ		6. CERTIFICATE OF STATUS DESIRE			
Zip Country 95054 USA	Zip 95054	Country USA		7a. Capital Contributions as shown \$635,000			
8 Name and &d			<del></del>	7b. Amount of Capital Contributions	s in FLORIDA to date:		
Name and Address of Current Registered Agent Paracorp Incorporated				\$635,000			
Seet Address (P.O. Box Number is Not Acceptable)  - 236 East 6th Avenue  Suite, Apt. #, Etc.				1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 case by fee(s)			
City State Zip Code Tallahassee FL 32303				Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
<ol> <li>Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligat</li> </ol>	and 620, 192, Florida Statutes, the at e or registered agent, or both, in the S tions of section 620, 192, Florida Statu	nove-named limited partners tate of Florida. Such change tes.	ship organi e was autho	zed or registered under the laws of the Stat orized by its general partner(s). I hereby ac	e of Florida, submits this statement cept the appointment of registered		
SIGNATURE (Registered Agent Accepting Appointm		Mor		DATE _	2/5/22		
A GENERAL PARTNER TH	AT IS A CORPORA IUST BE REGISTER	TION, LIMITED	PAR VE W	THEREUID OR OTHER	BUSINESS ENTITY		
10. Name(s) of General Partner(s)	I Address of Fa	nch General Partner Bt Office Box Numbers)	T	City, State and Zip Code	10a. Registration		
McCandless Partners	Ship 3945 Free Suite 640	dom Circle	Sar 950	nta Clara, CA 054	applied for		
·				9000125 02/18/0301044	98529 -013 ** <del>25<b>62</b>-8</del> 2 <b>2</b> 565.62		
				9000126 02/18/0301044-	95529		
Note: General partners MAY N	IOT be changed on #	nis form: an ar-	nd	mt			
Corporations from any liability of non-complian on this annual report is true and accurate and to trustee empowered to execute this report as re	ce with Section 119.07(3)(i) in the even that my signature shall have the same quired by charter 620, Florida Statut	ent that the information supp legal effects as if made un- es.	e exemptio blied is deer der oath. I	n stated in Section 119.07(3)(i). Florida Star med exempt from public access. I further of further certify that I am a General Partner of	tutes. I release the Division of ertify that the information indicated the limited partnership, receiver or		
IGNATURE	Ym			1/2	9/03/		
ped or Printed Name of General Partner Signing Form	Birk S. McCand	less, as Tru	stee	Telephone Number (408	3) 980–6500		

U/T/A dated 2/1//82

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## LIMITED **PARTNERSHIP**



## FLORIDA DEPARTMENT OF STATE Jim Smith

FILED

REINSTATE	MENT		Secretary of State DIVISION OF CORPORATIONS			03 FEB 12 PH 12: 35		
DOCUMEN  1. Name of Limited Pa  Californ	rtnership	rst, Ltd.				SE TAL	GRETARY L'AHASSEI	OF STATE E, FLORIDA
		,						
2. Principal Office Add	ress	· ·	3. Mailing Office Addre	55				
3945 Freedom Circle 3945 Freedom Circle			<ol> <li>Date Formed or Registered To Do Business in Florida</li> </ol>					
Suite, Apt. #, etc. Suit			Suite, Apt. #, etc.			5. FEI Number	October	14, 1976
Suite 640			Suite 640			591707804		Applied For Not Applicable
City & State			City & State		6.	- SR 75°A	<u></u>	
Santa Clar	a, Ca	lifornia	Santa Clara, California		CERTIFICATE OF STATUS DESIRED 58.75, Additional Fee requirements for a Certificate of Status			
<sup>2ip</sup> 95054	Country		<sup>Zip</sup> 95054	Country USA		<b>7a.</b> Capital Contributions as sho	•	
	8. Nam	e and Address of (	Current Registered Agen	1		7b. Amount of Capital Contributi	ons in FLORIDA to	o date:
Name						\$635,000	-	
Paracorp	Incor	cporated				1.) Filling Fee(s): Computed at a rel	EES:	
Street Address (P.O. Box 236 East	Numbers 6 th A	S Not Acceptable)				in 7b, with a minimum filing fee for each year due this office.	of \$52.50 and a ma	ximum of \$437.50,
Suite, Apt. #, Etc.	OLII Z	venue		<del></del>		Supplemental Fee(s): \$88.75 for with 1992 calendar year.	r <u>each year due</u> this	s office, beginning
0						3.) Penalty Fee(s): \$500 penalty fee	a for <u>each</u> year repo	ort form is delinacient
City Tallahass	See		State   FL	Zip Code 32303		Note: If the amount entered in 7 7a, a supplemental affidavit mus and appropriate filing fee.	/h in man-e	
SIGNATURE (Registered Age	ent Accepting	Appointment)	A CORPORATION	20nor	DAD.	zed or registered under the laws of the sorized by its general partner(s). I hereby  DATE  TNERSHIP OR OTHE	accept the appoint	ment of registered
10. Name(s) of Ge			Address of Each G (Do NOT Use Post Off	Seneral Pagnor	VE WI	THE THIS OFFICE.  City. State and Zip Code	10a.	Registration
MaCa-11					<del> </del> _	Only, State and 2/D Code	ioa.	ocument Number
McCandles	s rar	cnersnip	3945 Freedor Suite 640	m Circle	Sar 950	nta Clara, CA 054	appli	ied for
Note: General pa	artners	MAY NOT be	changed on this	form; an ame	ndme	ent must be filed to cha	ngo 2 ===	
Cotoorations from any	ure unompan	on supplied with this fil	ing is voluntarily furnished and	does not qualify for the		on stated in Section 119.07(3)(i), Florida med exempt from public access, I furthi further certify that I am a General Partne		
GIGNATURE			Dr_			il.	29/03	
yped or Printed Name of Gene	eral Partner S	igning Form Birk	S. McCandles	ss, as Tru	stee	Telephone Number (4)	08) 980-6	5500

U/T/A dated 2/17/82