

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT 21 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200137013602
10/17/08--01022--010 **\$88.75
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10/17/08--01022--011 **\$88.75
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10/17/08--01022--012 **\$411.25
CR2E039 (1/07)

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A06000000242
1. Name of Limited Partnership
The GUZZARDO FAMILY LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box # 2150 SE SALERNO RD Suite, Apt. #, etc. Suite 202 City & State STUART Zip 34997 Country USA		3. Mailing Office Address 2150 SE SALERNO RD Suite, Apt. #, etc. Suite 202 City & State STUART, FL Zip 34997 Country USA	
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4. Date Formed or Registered To Do Business in Florida 1/04/06

5. FEI Number NONE 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 GUZZARDO, GARY J
Street Address (P.O. Box Number is Not Acceptable) 2150 SE SALERNO RD
Suite, Apt. #, Etc. Suite 202
City STUART State FL Zip Code 34997

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.
 A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1808, 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) GARY GUZZARDO DATE 9/28/08
(REGISTERED AGENT MUST SIGN)

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
GUZZARDO, GARY J TRUSTEE	2150 SE SALERNO RD	STUART, FLORIDA 34997	200137013602 10/17/08--01022--013 **\$411.25 A06000000-242
GUZZARDO, LYNN M TRUSTEE	STE. 202		

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 118, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 118, Florida Statutes, 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 GARY GUZZARDO DATE 9/28/08
Typed or Printed Name of General Partner Signing Form GARY GUZZARDO Telephone Number 772 223 5775