

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A06000000327

1. Entity Name
THE LOCKEY FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 17 PM 4:23

Principal Place of Business
2708 WEST MARLIN STREET
TAMPA, FL 33611

Mailing Address
2708 WEST MARLIN STREET
TAMPA, FL 33611

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

10092007 REIN-LP CR2E100 (1/07)

4. FEI Number
20-4389260

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

PREVATT, KAREN J
1200 WEST PLATT STREET, SUITE 100
TAMPA, FL 33606

Name Steven L Myers
Street Address (P.O. Box Number is Not Acceptable)

13623 N Florida Ave
City Tampa FL Zip Code 33613

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, Florida Statutes.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title 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 #
NAME LOCKEY, RICHARD F
STREET ADDRESS 2708 WEST MARLIN STREET
CITY-ST-ZIP TAMPA, FL 33611

STREET ADDRESS
CITY-ST-ZIP
800110862710
10/16/07-01055-002 **500.00

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REINSTATEMENT 2007

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE