## 2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A06000000697									
1. Entity Name KENTIA LIMITED LIABILITY LIMITED PARTNERSHIP, LLLP							V 26 AH		
Principal Place 4641 VAN K NEW SMYRN	Ε	Mailing Address 4641 VAN KLEECK D NEW SMYRNA BEACH			TÄLLAHASSEE FLORIDA				
	ness - No P.O. Box #	3. Mailing Address	, bank						
Suite, Apt	cuan Blud	Suite, Apt. #, etc.	icuan B	Ivd.	11192008 REIN-LP CR2E100 (1/07)				
City & Stat		ry, FL.	City & State Lake Mo	<del></del>		4. FEI Number 20-4941734		Applied For Not Applicable	
<sup>zip</sup> 3a	746	Country \$1.5	32746	WS		5. Certificate of Status Desired	Fee	.75 Additional Required	
000000		e and Address of Current	Registered Agent	Name	<del></del>	7. Name and Address of New I	Registered Age	nt	
BRINKLEY 4641 VAN NEW SMY			c <sup>s</sup> to	Siteet Address (P.O. Box Number is Not Acceptable)					
14214 01111	1011, 12 32100		17	175 Timacuan Blvd.					
8. Pursuant t	to the provisi	ons of section 620,1810 or	620.1989, Florida Statutes	City Line City accept the	Lake e appointme	. Mary ent of registered-agent. I am famili	FL ar with, and acc	ept the obligations of	
Chapter 6	620, Florida <b>(</b>					,	11	118/08	
SIGNATURE		d or printed name of registered agent	and title if applicable REGISTERE	D AGENT MUST SIGN)		In accordar		193(2)(b), F.S.,	
	nuary 1, 20	! FEE IS \$500.00 109, Fee will be \$1000.				prior notice	<u>.                                      </u>	1.193(2)(b), F.S., I not receive the	
		: General Partners MA	AY NOT be changed or	n the form; an a		ERED AND ACTIVE WITH THE must be filed to change a g		er.	
DOCUMENT#	BOING	GENERAL PARTNE		13.	s clo	- 0		acuan Blvd	
NAME STREET ADDRESS CITY-ST-ZIP	4641 VA	EY, CHARLES W TRUS N KLEECK DRIVE IYRNA BEACH, FL 321		CITY-ST-ZIP					
DOCUMENT #				STREET ADDRE	ss clo	Donne Back		imacuan B	
NAME STREET ADDRESS CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				10	Ke. Miru F	1.227	46	
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NAME STREET ADDRESS CITY-ST-ZIP	[NSTAT]	<b>EMENT</b>	CITY-ST-ZIP			•			
DOCUMENT #			MUS	STREET ADDRE	ss	.300138	 23461	03	
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STREET ADDRESS				CITY-ST-ZIP		DEC	<del>- 1 2008</del>		
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STREET ADDRESS	;			CITY-ST-ZIP		V 100 100 100 100 100 100 100 100 100 10			
<del></del>	certify that	the information supplied wort is true and accurate an	ith this filing does not qual d that my signature shall he	ify for the exemption	ns contained	d in Chapter 119, Florida Statutes ade under oath; that I am a Gene s.	. I further certify eral Partner of th	that the information e limited partnership	
		isiee enipowered to execu	ie (ilia report as required t	y Chapter 620, Plo	100 SIBIUIES 	: 1/18/08 40:	_	_ i	
SIGNA	TURE: \	1 mil	U JOHN		<u>\</u>	1/18/00 10	(-Jak	200	