

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JUN -9 PM 1:39

DOCUMENT # **A 06000000764**

1. Name of Limited Partnership

**JAF Holdings I, LLLP**

2. Principal Office Address - No P.O. Box #

**7916 Steeplechase Drive**

3. Mailing Office Address

**7916 Steeplechase Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

Zip

**33418**

Country

**USA**

Zip

**33418**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**JAF HOLDINGS, LLC**

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

**7916 Steeplechase Drive**

Suite, Apt. #, Etc.

City

**Palm Beach Gardens, FL**

State

**FL**

Zip Code

**33418**

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)

(REGISTERED AGENT MUST SIGN)

DATE

**4/25/09**

**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

**JAF Holdings, LLC**

**7916 Steeplechase  
DR**

**Palm Beach Gardens  
FL 33418**

**L06000058551**

**REINSTATEMENT 2007-2009**

**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

DATE

**04/25/09**

Typed or Printed Name of General Partner Signing Form

Telephone Number



**FLORIDA DEPARTMENT OF STATE**  
Division of Corporations

**RECEIVED**

09 JUN -9 PM 4:00

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

May 6, 2009

JAF HOLDINGS I, LLLP  
7916 STEEPLECHASE DR  
PALM BEACH GARDENS, FL 33418

SUBJECT: JAF HOLDINGS I, LLLP  
Ref. Number: A06000000764

We have received your document for JAF HOLDINGS I, LLLP and your check(s) totaling \$1500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 409A00015340