

2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A06000001069

1. Entity Name
JOHNS LEGACY PARTNERSHIP, LLLP



Principal Place of Business
3225 ANNISTON ROAD
JACKSONVILLE, FL 32216

Mailing Address
3225 ANNISTON ROAD
JACKSONVILLE, FL 32216

FILED

07 DEC -4 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
12608 Mandarin Road
Suite, Apt. #, etc.

3. Mailing Address
12608 Mandarin Road
Suite, Apt. #, etc.

10292007 REIN-LP CR2E100 (1/07)

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
20-5495135

Applied For
Not Applicable

Zip
32223
Country
Duval

Zip
32223
Country
Duval

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNS, A J
3225 ANNISTON ROAD
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
12608 Mandarin Road

City Jacksonville, FL Zip Code 32223

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, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00
After January 1, 2008, Fee will be \$2000.00

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
STREET ADDRESS
CITY-ST-ZIP
JOHNS, A J
3225 ANNISTON ROAD
JACKSONVILLE, FL 32216

STREET ADDRESS
CITY-ST-ZIP
12608 Mandarin Road
Jacksonville, Florida 32223

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REINSTATEMENT
2007

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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]

A.J. Johns

11/20/07

904/641-2055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE