

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2016 NOV 10 AM 4:46

DOCUMENT # A06000001083

1. Name of Limited Partnership

O'Brien Investments, LP.

NOV 10 2016

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CR2E039 (1/11)

2. Principal Office Address - No P.O. Box # 3021 SE Fairway West St. Suite, Apt. #, etc.		3. Mailing Office Address 3021 SE Fairway West St. Suite, Apt. #, etc.	
City & State Stuart, FL		City & State Stuart, FL	
Zip 34997	Country US	Zip 34997	Country US

4. Date Formed or Registered To Do Business in Florida 9/13/06	
5. FEI Number 20-5752260	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Joseph C. Kempe	
Street Address (P.O. Box Number is Not Acceptable) 941 North Highway A1A	
Suite, Apt. #, Etc.	
City Jupiter	Zip Code FL 33477

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.	
E-mail Address: tami@jckempe.com	
E-Mail address to be used for future annual report notices.	

9. Pursuant to the provisions of section 620.1810 or 620.1809, 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

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
O'Brien Management, Inc.	3021 SE Fairway West St.	Stuart, FL 34997	P06000113955
REINSTATEMENT			100292214791 11/10/16-01015-002 **\$3000.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, FS, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, FS.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

11/2/16
772 781-0260