

# 2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2007 OCT 16 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10082007 REIN-LP CR2E100 (1/07)

4. FEI Number  
20-8090540

Applied For  
Not Applicable

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

DOCUMENT # A06000001501

1. Entity Name  
OX BOTTOM TERRACE, LLLP



Principal Place of Business  
2650 OX BOTTOM ROAD  
TALLAHASSEE, FL 32312

Mailing Address  
2650 OX BOTTOM ROAD  
TALLAHASSEE, FL 32312

2. Principal Place of Business - No P.O. Box #

2560 Ox Bottom Rd  
Suite, Apt. #, etc.

Tallahassee, Fl

City & State

3. Mailing Address

P. O. Box 15997

Suite, Apt. #, etc.

Tallahassee, Fl

City & State

Zip  
32312

Country  
Leon

Zip  
32312

Country  
Leon

6. Name and Address of Current Registered Agent

BOYNTON, SUE C  
2650 OX BOTTOM ROAD  
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Sue C. Boynton*

Sue C. Boynton

10/11/07

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

DOCUMENT #	BOYNTON, SUE C TRUSTEE
NAME	2650 OX BOTTOM ROAD
STREET ADDRESS	TALLAHASSEE, FL 32312
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	2560 Ox Bottom Rd
CITY-ST-ZIP	Tallahassee Fl 32312
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600110740636 10/12/07--01060--016 **\$500.00
CITY-ST-ZIP	
STREET ADDRESS	600110740636 10/12/07--01060--016 **\$8.75
CITY-ST-ZIP	
STREET ADDRESS	REINSTATEMENT
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: *Sue C. Boynton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/11/07

Date

Daytime Phone #

STAPLE CHECK HERE