

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A07000000839

1. Entity Name
HENLEY PROPERTY INVESTMENTS (US), LLLP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -8 PM 1:46

Principal Place of Business
1402 CAPE CORAL PKWY
CAPE CORAL, FL 33904

Mailing Address
1402 CAPE CORAL PKWY
CAPE CORAL, FL 33904

REINSTATEMENT



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10272008 REIN-LP CR2E100 (1/07)

City & State

City & State

4. FEI Number

90-0389616

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEL VALLE, IGNACIO G ESQ
2525 PONCE DE LEON BLVD STE 700
CORAL GABLES, FL 33134

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

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, 2009, 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
RICKWOOD, IAN
3000 HILLWOOD DRIVE
CHESTSEY SURREY UNITED KINGD, KT 160RS

STREET ADDRESS
CITY - ST - ZIP
200155780892
05/12/09--01002--006 **500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
BRANDON, ANDREW
3000 HILLWOOD DRIVE
CHESTSEY SURREY UNITED KINGD, KT 160RS

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP
200155780892
05/12/09--01002--007 **500.00

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

12/23/08

Date

+44 1483 549450

Daytime Phone #

STAPLE CHECK HERE