

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A07000000852

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



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

Mailing Address
1402 CAPE CORAL PKWY
CAPE CORAL, FL 33904

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10272008

REIN-LP

CR2E100 (1/07)

4. FEI Number

26-0574051

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 HILLSWOOD DRIVE
CHERTSEY SURREY UNITED KING.

STREET ADDRESS

CITY-ST-ZIP

000155674490

05/08/09--01014--011 **500.00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

BRANDON, ANDREW
3000 HILLSWOOD DRIVE
CHERTSEY SURREY UNITED KING.

STREET ADDRESS

CITY-ST-ZIP

000155674490

05/08/09--01014--012 **500.00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT

08-09

DBR

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

12/23/08

+44 1483549450

STAPLE CHECK HERE

FILED

09 MAY -8 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

