

# 2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A070000008 53.

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



FILED

2009 MAY 12 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

10272008 REIN-LP

City & State

City & State

4. FEI Number

26-0573810

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

7. Name and Address of New Registered Agent

DEL VALLE, IGNACIO G ESQ  
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 \$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 RICKWOOD, IAN  
STREET ADDRESS 3000 HILLWOOD DRIVE  
CITY-ST-ZIP CHESTSEY SURREY UNITED KINGD, KT 160RS

STREET ADDRESS  
CITY-ST-ZIP  
200155781132  
05/12/09-01002-011 \*\*500.00

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

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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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:

12/23/08

+44 1483 549450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

REINSTATEMENT

08-09  
CUBO