

# 2010 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A08000000153

**FILED**  
**Aug 26, 2010**  
**Secretary of State**

**Entity Name:** HAZELRIG FAMILY PARTNERSHIP, LLLP

**Current Principal Place of Business:**

17505 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

17505 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 63-1239893

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: HAZELRIG, WILLIAM C  
Address: 17505 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

**ADDRESS CHANGES ONLY:**

Address: PO BOX 530444  
City-St-Zip: BIRMINGHAM, AL 35253

Document #:

Name: HAZELRIG, LYNN S  
Address: 409 CLUB PLACE  
City-St-Zip: BIRMINGHAM, AL 35223

Address: PO BOX 530444  
City-St-Zip: BIRMINGHAM, AL 35253

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM C HAZELRIG

GP

08/26/2010

Electronic Signature of Signing General Partner

Date