

# **2012 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A08000000296

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** WOODHAVEN VENTURES FLORIDA, LP

**Current Principal Place of Business:**

316 SOUTH BAYLEN ST., SUITE 300  
PENSACOLA, FL 32502 US

**New Principal Place of Business:**

**Current Mailing Address:**

665 FALLS LAKE DRIVE  
ALPHARETTA, GA 30022 US

**New Mailing Address:**

**FEI Number:** 26-2267661

**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 #: L08000028022  
Name: WOODHAVEN MANAGEMENT FLORIDA, LLC  
Address: 316 SOUTH BAYLEN ST., SUITE 300  
City-St-Zip: PENSACOLA, FL 32502 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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: KENNETH JOEL

MR.

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date