

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

12 AUG -7 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A09000000481

1. Name of Limited Partnership

Alsandro Partnership, LLLP

2. Principal Office Address - No P.O. Box #
2345 Alaqua Drive

3. Mailing Office Address
2345 Alaqua Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State
Longwood, FL

Zip
32779

Country
United States

Zip
32779

Country
United States

8. Name and Address of Current Registered Agent

Name
Cross, Fernandez & Riley, LLLP

Street Address (P.O. Box Number is Not Acceptable)
201 S. Orange Avenue

Suite, Apt. #, Etc.
Suite 800

City
Orlando

FL Zip Code
32801

4. Date Formed or Registered
To Do Business in Florida **07/09/2009**

5. FEI Number **27-0801780**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.
Supplemental Fee(s): \$88.75 for each year due this office.
Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

E-mail Address:

JSpooner@cfr CPA.com

E-Mail address to be used for future annual report notices

9. Pursuant to the provisions of section 620 1810 or 620 1809, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

J. Spooner
(REGISTERED AGENT MUST SIGN)

DATE **5/25/12**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Alsandro GP, LLC	2345 Alaqua Drive	Longwood, FL 32779	L09000065338

REINSTATEMENT 10-12 DBNCC

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, FS, in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, FS.

SIGNATURE

William Ronald...

DATE

8/3/12

Typed or Printed Name of General Partner Signing Form

Telephone Number