
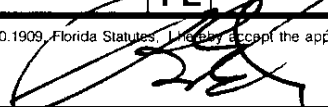


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>A 10347</b>			
1. Name of Limited Partnership <b>SEAGROVE-DAVIS REALTY COMPANY, LTD.</b>			
2. Principal Office Address - No P.O. Box # <b>COUNTY ROAD 30-A</b>		3. Mailing Office Address <b>P.O. BOX 4730, SEASIDE BRANCH</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>SANTA ROSA BEACH, FL</b>		City & State <b>SANTA ROSA BEACH, FL</b>	
Zip <b>32459</b>	Country <b>USA</b>	Zip <b>32459</b>	Country <b>USA</b>
4. Date Formed or Registered To Do Business in Florida <b>04/15/1981</b>		5. FEI Number <b>59-2090436</b>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <b>ROBERT S. DAVIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>204 SEASIDE AVENUE</b> Suite, Apt. #, Etc. <b>SEASIDE</b>		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. <input checked="" type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
9. 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 (Registered Agent Accepting Appointment)  DATE _____ (REGISTERED AGENT MUST SIGN)			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
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
ROBERT S. DAVIS	204 SEASIDE AVENUE	SEASIDE, FL 32459	200112302632 11/14/07--01054--002 **1500.00
<b>REINSTATEMENT</b> <b>REINSTATEMENT</b> <b>05-07</b>			
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 on this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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.			
SIGNATURE 		DATE _____	
Typed or Printed Name of General Partner Signing Form <b>ROBERT S. DAVIS</b>		Telephone Number <b>850-231</b>	