

# **2014 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A13000000549

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** GULFPORT LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5900 SHORE BOULEVARD SOUTH UNIT 405  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

5900 SHORE BOULEVARD SOUTH UNIT 405  
GULFPORT, FL 33707

**New Mailing Address:**

**FEI Number:** 20-2119264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DEMARCO, JOSEPH A  
5900 SHORE BOULEVARD SOUTH UNIT 405  
GULFPORT, FL 33707 US

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

DEMARCO, JOSEPH A  
5900 SHORE BOULEVARD SOUTH  
UNIT 405  
GULFPORT, FL 33707 US

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: GENE M. CARLINO

10/06/2014

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: DEMARCO, JOSEPH A

Address: 5900 SHORE BOULEVARD SOUTH UNIT 405

City-St-Zip: GULFPORT, FL 33707

**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: JOS. A. DEMARCO, TRUSTEE

GP

10/06/2014

Electronic Signature of Signing General Partner

Date