

# **2009 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A18495

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Entity Name:** F I L P LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1117 SCHEFFLERA DRIVE  
CAPTIVA, FL 33924

**New Principal Place of Business:**

16646 CAPTIVA DRIVE  
CAPTIVA, FL 33924

**Current Mailing Address:**

875 NORTH MICHIGAN AVE., #3620  
CHICAGO, IL 60611

**New Mailing Address:**

**FEI Number:** 36-3335229      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

MANSUR, E. BARRY  
1117 SCHEFFLERA DRIVE  
CAPTIVA, FL 33924    US

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

MANSUR, E. BARRY  
16646 CAPTIVA DRIVE  
CAPTIVA, FL 33924    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: E. BARRY MANSUR

01/08/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MANSUR, E. BARRY  
Address: 1117 SCHEFFLERA DRIVE  
City-St-Zip: CAPTIVA, FL 33924

**ADDRESS CHANGES ONLY:**

Address: 16646 CAPTIVA DRIVE  
City-St-Zip: CAPTIVA, FL 33924

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: E. BARRY MANSUR

GP

01/08/2009

Electronic Signature of Signing General Partner

Date