

# A22552

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JAN 30 AM 8:41

**DOCUMENT #**

A22552

1. Name of Limited Partnership

CBL, Ltd.

2. Principal Office Address - No P.O. Box #

6001 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 406

City & State

Naples, FL

Zip

34108

Country

USA

3. Mailing Office Address

6001 Pelican Bay Blvd.

Suite, Apt. #, etc.

Suite 406

City & State

Naples, FL

Zip

34108

Country

USA

700214661917

11/28/11--01048--023

CR2E039 (1/11)

\*\*\$635.00

4. Date Formed or Registered  
To Do Business in Florida

5/14/86

5. FEI Number

592779009

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Carolyn B. Landers

Street Address (P.O. Box Number is Not Acceptable)

6001 Pelican Bay Blvd.

Suite, Apt. #, Etc.

Suite 406

City

Naples

FL

Zip Code

34108

E-mail Address:

jimlanders@bellsouth.net

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

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)

*Carolyn B. Landers*

DATE

(REGISTERED AGENT MUST SIGN)

**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

Carolyn B. Landers  
(Co-Trustee)

6001 Pelican Bay  
Blvd,

Naples, FL

700214661917

01/31/12--01003--007

\*\*\$3113.75

Suite 406

34108

James C. Landers  
(Co-Trustee)

ARFF \$ 2,000.00

PF \$ 1,500.00

Total Due \$ 3,500.00

OP \$ 135.00

**REINSTATEMENT  
2009 - 2012**

**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, 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. 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, F.S.

SIGNATURE

*Carolyn B. Landers*

DATE

1/15/12

Typed or Printed Name of General Partner Signing Form

Carolyn B. Landers

Telephone Number

239.598.2320

RECEIVED JAN 31 2012