

A25596

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR -2 PM 2:46

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Name of Limited Partnership

A25596
Washington Brush
Partnership, Ltd.

2. Principal Office Address

1302 N. 19th Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 18464

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa, FL

Zip

33605

Country

USA

Zip

33679

Country

USA

8. Name and Address of Current Registered Agent

Name

Daniel B. Howell

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

1302 N. 19th Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

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)

(REGISTERED AGENT MUST SIGN)

DATE

3/1/06

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)

Bay Villa Developers,
Inc.Address of Each General Partner
(Do NOT Use Post Office Box Numbers)1302 N. 19th
Street

City, State and Zip Code

Tampa, FL
3360510a. Registration
Document Number

G44274

REINSTATEMENT

2004-2006
Filed
3/1

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 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

3/1/06

Typed or Printed Name of General Partner Signing Form

Bay Villa Developers, Inc.

Daniel B. Howell
Pres.

Telephone Number

813 247 4949