

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 8:19

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A26653

1. Name of Limited Partnership

Lamplighter Investors, a California Limited Partnership

500074055465  
05/05/06--01019--012 \*\*3000.00

2. Principal Office Address

3202 S. Nova Road

3. Mailing Office Address

1148 Alpine Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Orange, FL

City & State

Walnut Creek, CA

Zip

32129

Country

USA

Zip

94596

Country

USA

CR2E039 (11/05)

4. Date Formed or Registered  
To Do Business in Florida

5. FEI Number

94-2630140

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

Karen Davis

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

3202 S. Nova Road

Suite, Apt. #, Etc.

City

Port Orange

State

FL

Zip Code

32129

**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

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

**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

William D. Schmicker

1148 Alpine Road

Walnut Creek, CA

Paragon Financial Company

1148 Alpine Road

Walnut Creek, CA

845574

REINSTATEMENT 04-06

**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

*Constantine Tsoukalas*

DATE

03/28/06

Typed or Printed Name of General Partner Signing Form

Telephone Number

925/930-0810