


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A 29136

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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 TALLAHASSEE, FLORIDA
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LIMITED PARTNERSHIP REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State VISITING CORPORATIONS	
DOCUMENT # A29136 1. Name of Limited Partnership The Total Pet Complex at Ponte Vedra Pointe, Ltd. 4/12/06	
2. Principal Office Address P.O. Box 1294 Suite, Apt. #, etc. City & State Ponte Vedra Beach, FL Zip Country 32004 USA	3. Mailing Office Address 50 N. Laura Street Suite, Apt. #, etc. Suite 2800 City & State Jacksonville, FL Zip Country 32202 USA
4. Date Formed or Registered To Do Business in Florida 5/8/91	
5. FEI Number 59-2984072 Applied For: Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7a. Capital Contributions as shown on Record: \$75,000.00 7b. Amount of Capital Contributions in FLORIDA to date: \$75,000.00	
8. Name and Address of Current Registered Agent Name: Pamela K. Phillips Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street Suite, Apt. #, Etc.: Suite 2800 City: Jacksonville State: FL Zip Code: 32202	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) <u>Pamela K. Phillips</u> 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) The Total Pet Complex at Ponte Vedra Pointe, Inc. APRM - 3,000.00 AR - 2,625.00 ARJUMP - 532.50 CAAT - 8.75 \$ 6,166.25	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 880 State Rd. A1A, Suite 21 City, State and Zip Code Ponte Vedra Beach, FL 32082 10a. Registration Document Number L22299 100004603701--5 -09/21/01--01015--002 ***2500.00 ***2500.00 100004603701--5 -09/21/01--01015--003 ***2500.00 ***2500.00 REINSTATEMENT 1996-2001 (MK) (Cus)
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 exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 correct 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 <u>9/6/01</u> Typed or Printed Name of General Partner Signing Form <u>Jay A. Shapiro, President</u> Telephone Number <u>(904) 607-0168</u>	

CREDES (9/00)