

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A30745

1. Entity Name
R.I.A. PENSACOLA LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 16 AM 9:49

Principal Place of Business
3355 RICHMOND ROAD, SUITE 231A
BEACHWOOD, OH 44122

Mailing Address
~~3355 RICHMOND ROAD, SUITE 231A~~
~~BEACHWOOD, OH 44122~~

2. Principal Place of Business

3. Mailing Address

3355 RICHMOND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

231A

11142006 REIN-LP CR2E100 (11/05)

City & State

City & State
BEACHWOOD, OHIO

4. FEI Number

31-1310040

Applied For

Not Applicable

Zip

Country

Zip

44122

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$500.00
After January 1, 2007, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME WEINGART, NED S.
STREET ADDRESS 3355 RICHMOND ROAD, SUITE 231A
CITY-ST-ZIP BEACHWOOD, OH 44122

DOCUMENT # P31522
NAME EQUITY PLANNING HLDG. CO
STREET ADDRESS 3355 RICHMOND ROAD, SUITE 231A
CITY-ST-ZIP BEACHWOOD, OH 44122

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
200082107572
11/22/06--01057--010 **508.75

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

November 14, 2006

(216) 595-0780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #