


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2007 OCT 17 PM 4:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA 000109718930 10/17/07--01051--012 **1000.00 000109718930 09/20/07--01060--013 **1000.00 CRZE039 (1/07)	
DOCUMENT # A31234 1. Name of Limited Partnership Florida Limited Partnership (Pen Bay Limited Partnership) W07-46964					
2. Principal Office Address - No P.O. Box # 1250 24th ST. NW		3. Mailing Office Address 1250 24th ST. NW		4. Date Formed or Registered To Do Business in Florida 02/21/1991	
Suite, Apt. #, etc. suite 300		Suite, Apt. #, etc. suite 300		5. FEEL Number 593070050	
City & State Washington DC		City & State Washington DC		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 20037-1186	Country US	Zip 20037-1186	Country US	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name JRS MANAGEMENT COMPANY Shirla Bond Street Address (P.O. Box Number is Not Applicable) 608 S. TYNDALL PARKWAY Suite, Apt. #, Etc. City Panama City					
		State FL	Zip Code 32404	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. <input checked="" type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
9. Pursuant to the provisions of Sections 620.1810 or 620.1805, 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) <i>Steven Rupp</i> (REGISTERED AGENT MUST SIGN) DATE 9/19/07					
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) Rupp Financial, Inc.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1250 24th St., NW # 300	City, State and Zip Code Washington, DC 20037-1186	10a. Registration Document Number P32967		
REINSTATEMENT 1997-2007			LS		
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 <i>Steven M. Rupp</i>		DATE 9/19/07		Telephone Number 202-223-8515	
Typed or Printed Name of General Partner Signing Form Steven M. Rupp					