## 2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT# A33153

Entity Name: ESCHERT LIMITED PARTNERSHIP

FILED Oct 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15153 CAPTIVA DRIVE CAPTIVA, FL 339240944

Current Mailing Address: New Mailing Address:

15153 CAPTIVA DRIVE P.O. BOX 944 CAPTIVA, FL 339240944

FEI Number: 06-1343140 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESCHERT, JOAN M 15153 CAPTIVA DRIVE CAPTIVA, FL 339240944 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Address:

Capital Contributions as Shown on record: 277,400.00

Amount of Capital Contributions in Florida to date: 277,400.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: ESCHERT, JOAN M Address: 15153 CAPTIVA DRIVE

City-St-Zip: CAPTIVA, FL City-St-Zip:

Document #:

Name: RUEDA, SUSAN E

 Address:
 6 ZIMMER ROAD
 Address:

 City-St-Zip:
 GRANBY, CT 06032
 City-St-Zip:

Document #:

Name: COOK, KIMBERLY E

 Address:
 700 BAY ROAD
 Address:

 City-St-Zip:
 DUXBURY, MA 02332
 City-St-Zip:

Document #:

Name: ESCHERT, JAMES M

 Address:
 C/O ASPINET, ROUTE 10
 Address:

 City-St-Zip:
 AVON, CT
 City-St-Zip:

Document #:

Name: ESCHERT, WILLIAM E

 Address:
 C/O ASPINET, ROUTE 10
 Address:

 City-St-Zip:
 AVON, CT
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES M. ESCHERT 10/24/2005