

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A93000000286

1. Entity Name
BLOOD BROTHERS LIMITED



FILED
05 MAR 31 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

Mailing Address
BILL KENWRIGHT LTD
106 HARROW RD, BLK HOUSE
LONDON W21RR UNITED KINGDOM,



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 REIN-LP CR2E100 (6/04)

City & State

City & State

4. FEI Number

65-0394617

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name
Atrium Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Avenue Suite 125

City Coral Gables FL Zip Code 33146

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

LESLIE SHARR, VP

3/15/05

DATE

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P93000019323
NAME B.B. MANAGEMENT CORP.
STREET ADDRESS 1500 SAN REMO AVE., #125
CITY-ST-ZIP CORAL GABLES, FL 33146

STREET ADDRESS 000049906770
CITY-ST-ZIP 04/05/05--01055--012 **500.00
000049906770
04/05/05--01055--013 **1552.50

REINSTATEMENT 2004-2005

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 15 MAR 05 Daytime Phone #

STAPLE CHECK HERE