

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:17

DOCUMENT # A93000000293

**1. Name of Limited Partnership**

Dibbs Family Partnership, LTD

**2. Principal Office Address**

5277 Ehrlich Rd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

**3. Mailing Office Address**

5277 Ehrlich Rd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

**8. Name and Address of Current Registered Agent**

Name

Stephen J. Dibbs

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

5277 Ehrlich Rd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

**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)

DATE 11-3-03

**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)**

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

**10a. Registration  
Document Number**

Stephen J. Dibbs

5277 Ehrlich Rd

Tampa, FL 33624

200025038922  
11/25/03--01050--031 \*\*500.00

STATEMENT

03  
Dec

**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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

DATE 11-3-03

Typed or Printed Name of General Partner Signing Form

Stephen J. Dibbs

Telephone Number

813-908-9754