## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## LIMITED **PARTNERSHIP** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # A 94000000 9 83

1. Name of Limited Partnership

Youngblood Family Limited PartnersHIP

FILED

00 MAY 17 AM 10: 00

2. Principal Office Address  3. Mailing Office Address				4. Date Formed or Registered To Do Business in Florida 7-12-1994			
440 M	V. DILLARO STREET	PD BOX 770454				Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Not Applicable	
Stite, Apr.	w, 616.		L	59-3259951			
Cit. 9:Stal	·	City & State		CERTIFICATE OF STATUS DESIRED	\$8,75-Ad for a C	ditional Fee required ertificate of Status	
WINTER GARDEN FI WINTER GARDEN FI							
WINTER GARDEN, FI				7a. Capital Contributions as shown on Record:			
/ip	Country	Zip Country		* 2.537.488.00			
3478	77 USA	34777 USA		7b. Amount of Capital Contributions in	FLORIDA to	date:	
., ., ,		f Current Registered Agent		* 2,537,488.00			
	G. Halite allo Addition			FEE:	<b>S</b> :		
Name B.	C. Youngblood			Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.			
Ctroot Ad	dress (P.O. Box Number is Not Acceptable						
	36 BUTLER AVE			Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.			
Suite; Apt	<u> </u>		-	3.) Penalty Fee(s): \$500 penalty fee for	each year rep	ort form is delinquent.	
Suite, Ap	i. #, Etc.			by a service amount antorned in 7h is	greater than a	mount entered in	
City		State Zip Code		7a, a supplemental affidavit must be and appropriate filing fee.	submitted alo	ng with a separate	
بالما	NDERMERE	FL  34786_					
7417	VUENT TETE	0.192, Florida Statutes, the above-named limited partnersh	ship organi	ized or registered under the laws of the State	of Florida, sub	mits this statement	
9. Pursu	uant to the provisions of sections 620,1051 and 62	stered agent, or both, in the State of Florida. Such change	e was auth	norized by its general partner(s). I hereby acc	Sebi file appoin	gridin or regions = -	
argent Lam familiar with land accept the obligations of section of							
		1300	$\overline{}$	DATE	1/20/1	_100	
SIGNATU	TURE (Registered Agent Accepting Appointment)  DATE 4/25/LWO  TURE (Registered Agent Accepting Appointment)  LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY						
<u> </u>		Address of Each General Partner		City, State and Zip Code	10a.	Registration Document Number	
10.	Name(s) of General Partner(s)	(Do NOT Use Post Office Box Numbers)	<del></del>				
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	08 500 437.50	E & 17	1		}	Chec	
•	90 500 437.50	4.8.32	1				
1		" 58.75 BM					
Note: Conoral partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
the state of the s							
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes Thelass the other hands and does not quality for the exemption stated in 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 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 I am a General Partner of the limited partnership, receiver or compliance with Section 119.07(3)(ii) in the event that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(i).							
Corporations from any liability of formation with the compliance of the control 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 control 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 control of the cont							
1	musice empowered to execute this report as rough			1.	1/20/2	200	