


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED PARTNERSHIP REINSTATEMENT 2004-2015</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
--	---	--

**FILED**

15 DEC 31 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A94000001528**

1. Name of Limited Partnership

**Hamill Family Limited Partnership, L.L.L.P.**

2. Principal Office Address - No P.O. Box #

**7547 Jacque Road**

3. Mailing Office Address

**7547 Jacque Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hudson, FL**

City & State

**Hudson, FL**

Zip

**34667**

Country

**USA**

Zip

**34667**

Country

**USA**

CR2E039 (1/11)

4. Date Formed or Registered  
To Do Business in Florida **11/08/1994**

5. FEI Number

**59-3276045**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**John Robert Hamill, Jr.**

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

**7547 Jacque Road**

Suite, Apt. #, Etc.

City

**Hudson**

FL

Zip Code

**34667**

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.

E-mail Address:

**jhamill51@gmail.com**

E-Mail address to be used for future annual report notices

9. Pursuant to the provisions of section 620.1810 or 620.1909, 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)

*See below*

DATE

(REGISTERED AGENT MUST SIGN)

**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
John Robert Hamill, Jr.	7547 Jacque Road	Hudson, FL 34667	N/A
			500280758565 01/07/16--01021--017 **\$000.00
			500280758565 01/07/16--01021--018 **\$000.00

**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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

*John Robert Hamill, Jr.*  
John Robert Hamill, Jr.

DATE

*12-28-15*

Typed or Printed Name of General Partner Signing Form

Telephone Number