

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

092000

LIMITED PARTNERSHIP REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Reinstate Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 25 PM 5:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95 000000 821

1. Name of Limited Partnership

CC4 High Energy Limited Partnership

2. Principal Office Address

2605 McCann Dr Apt 5124

Suite, Apt. #, etc.

3. Mailing Office Address

2605 McCann Dr Apt 5124

Suite, Apt. #, etc.

City & State

Chesapeake, FL

Zip

FL

Country

USA

City & State

Chesapeake, FL

Zip

34619

Country

USA

4. Date Formed or Registered
 To Do Business in Florida

5/31/1995

5. FEI Number

19-33471897

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:

1,000

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name

Lee Wm Atkins

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

2605 McCann Dr

Suite, Apt. #, Etc.

City

Chesapeake

State

FL

Zip Code

34619

FEES:

1. 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.
2. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

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)

Lee Wm Atkins

DATE

9/18/2000

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)

McMann, Burt

Address of Each General Partner

(Do NOT Use Post Office Box Numbers)

21080645124
 2605 McCann Dr

City, State and Zip Code

Chesapeake, FL
 34618-5124

10a. Registration Document Number

700003415017--0

-10/05/00--01871--004

REINSTATE ***1282.50 ***1282.50

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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

Burt McMann

DATE

9/10/00

Typed or Printed Name of General Partner Signing Form

Burt McMann

Telephone Number

727-572-1958

CR2E039 (11/99)