

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -2 AM 9:10

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A95000001097 1. Name of Limited Partnership GULLANE, LTD			
2. Principal Office Address 356 Golfview Road Suite, Apt. #, etc. 906 City & State West Palm Beach, FL Zip 33408		3. Mailing Office Address 356 Golfview Road Suite, Apt. #, etc. 906 City & State West Palm Beach, FL Zip 33408	
Country USA		Country USA	
4. Date Formed or Registered To Do Business in Florida 07/18/1995			
5. EEI Number 65-0633322		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			
7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$85.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records			
8. Name and Address of Current Registered Agent Name August Cassella Street Address (P.O. Box Number is Not Acceptable) 356 Golfview Road Suite, Apt. #, Etc. 906 City West Palm Beach			
State FL		Zip Code 33408	
9. Pursuant to the provisions of section 620.1810 or 620.1908, 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) _____ DATE 5/31/2006 (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) August Cassella		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 356 Golfview Road Apt 906	
City, State and Zip Code West Palm Beach, FL 33401		10a. Registration Document Number 04-06	
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 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.			
SIGNATURE _____ Typed or Printed Name of General Partner Signing Form August Cassella		DATE 5/31/2006 Telephone Number 561-307-3299	

**GULLANE LTD
356 GOLFVIEW ROAD
APARTMENT 906
WEST PALM BEACH, FLORIDA 33408**

May 31, 2006

**Florida Department of State
Secretary of State
Division of Corporations
Attn: Partnership Section
P O Box 6327
Tallahassee, Florida 32314**

**Enclosure: (1) Limited Partnership Reinstatement
(2) Check in the amount of \$ 1,508.75**

Dear Sirs:

Pursuant to your instructions enclosed please find a completed limited partnership reinstatement form and a check in the amount of \$ 1,508.75 made payable to the Florida Department of State.

I did not receive the annual reports for the past three years since I moved and the annual reports were not forwarded. Therefore, please waive the penalties for not filing these annual reports.

Sincerely,


**August Cassella
General Partner**