

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2005 JUN 29 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001722		
1. Entity Name TAMMY LIMITED PARTNERSHIP		

Principal Place of Business 2866 NE 30TH ST., #21 FT. LAUDERDALE, FL 33306	Mailing Address 2866 NE 30TH ST., #21 FT. LAUDERDALE, FL 33306
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04012005 REIN-LP CR2E100 (6/04)

4. FEI Number 65-0625438	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

DOANE, JAMES F
2866 NE 30TH ST.
FT. LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
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9. Capital Contributions as Shown on record: \$2,490,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 807.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	DOANE, JAMES F		
STREET ADDRESS	2866 NE 30TH ST.	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		
DOCUMENT #	NAME	STREET ADDRESS	
	DOANE, NANCY L		
STREET ADDRESS	2866 NE 30TH ST.	CITY-ST-ZIP	U00000345295
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		04/30/05-80029-021 526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	0000056822080
CITY-ST-ZIP			08/30/05-01804-017 **526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: <i>James F. Doane</i>	4-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Daytime Phone #

STAPLE CHECK HERE