

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR 27 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001805

1. Name of Limited Partnership

ROCK SPRINGS RIDGE, LTD.

2. Principal Office Address - No P.O. Box #  
401 FERGUSON DRIVE

3. Mailing Office Address  
401 FERGUSON DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

Zip  
32805

Country  
US

Zip  
32805

Country  
US

4. Date Formed or Registered  
To Do Business in Florida

5. FEI Number  
59-3350324

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  
FUQUA, JEFFRY B.

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

Suite, Apt. #, Etc.

City  
ORLANDO

State  
FL

Zip Code  
32805

**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.

☐ A \$500 penalty is due for each year or part thereof the entity's  
certificate of authority was revoked on our records, except in  
circumstances which the entity did not receive the prior notices.  
By checking this box, you are certifying the prior notices were not  
received and requesting the \$500 penalty fee(s) be waived.

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)

(REGISTERED AGENT MUST SIGN)

DATE April 21, 2010

**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

ROCK SPRINGS RIDGE, INC.

401 FERGUSON DRIVE

ORLANDO, FL 32805

P95000089436

**L. SELLERS**

APR 29 2010

**AMINER**

**REINSTATEMENT** 08-10

**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

DATE April 21, 2010

Typed or Printed Name of General Partner Signing Form

JEFFRY B. FUQUA, PRESIDENT

Telephone Number (407) 629-1037