(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG 25 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A9600000065

1. Name of Limited Partnership

STONE RIVER ROAD, LIMITED PARTNERSHIP

03

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Rockridge Capital Management	c/o Rockridge Capital Management
Suite, Apt. #, etc.: 300 Bic Drive, 2nd Floor	Suite, Apt. #, etc.: 300 Bic Drive, 2nd Floor
City & State: Milford, CT	City & State: Milford, CT
Zip: 06461 Country: USA	Zip: 06461 Country: USA

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida: 12/29/1995

5. FEI Number: 582226880 ☐ 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: CLASP, Inc.

Street Address (P.O. Box Number is Not Acceptable): 3001 Tamiami Trail North

Suite, Apt. #, Etc.: Suite 400

City: Naples State: FL Zip Code: 34103

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☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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) SEE ATTACHED (REGISTERED AGENT MUST SIGN) DATE

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
Johathan Deluca	c/o Rockridge Capital Management 300 Bic Drive, 2nd Floor	Milford, CT 06461	400135280354 09/03/08--01004--016 **600.00
Suzanne V. Greco	c/o Rockridge Capital Management 300 Bic Drive, 2nd Floor	Milford, CT 06461	400135280354 09/03/08--01004--017 **8.75

REINSTATEMENT 2003-2008

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 Suzanne Greco DATE 8/19/08

Typed or Printed Name of General Partner Signing Form Suzanne Greco Telephone Number 239.649.3186

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SIGNATURE (Registered Agent Accepting Appointment) _____ Joel Schecter, President 08/26/2008
(REGISTERED AGENT MUST SIGN) DATE

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Johathan Deluca	c/o Rockridge Capital Management 300 Bic Drive, 2nd Floor	Milford, CT 06461	
Suzanne V. Greco	c/o Rockridge Capital Management 300 Bic Drive, 2nd Floor	Milford, CT 06461	

REINSTATEMENT 2003 - 2008

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SIGNATURE _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Telephone Number 239.649.3186