## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSH REINSTATEM	IIP	FLORIDA DEPART Secretary DIVISION OF C	,	FILED I: 45 08 AUG 25 PM 1: 45 TALLAHASSEE, FLORID						
DOCUMENT  1. Name of Limited Partr		00065			LED 25 PH					
STONE RIVER ROAD, LIMITED PARTNERSHIP						Eg :				
				100 mg						
2. Principal Office Addre	ass - No P.O. Box # apital Management	3. Mailing Office Address c/o Rockridge Capital Manageme			CR2E039	7				
Suite, Apt. #, etc. 300 Bic Driv	ve, 2nd Floor	Suite, Apt. #, etc. 300 Bic Drive, 2nd Floor			4. Date Formed or Registered 12/	29/1995				
		City & State Milford, CT			5 FFI Number 880 Applied For Not Applicable					
<sup>2</sup> ර්6461	ÛŜĂ	<sup>Zip</sup> 06461	ŰŠÄ		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status				
	8. Name and Address of	Current Registered Ager	nt		7. FEES:					
ČĽASP, Inc	•		My ,		Filing Fee(s): \$411.25 for each year Supplemental Fee(s): \$88.75 for each					
3001 Tamia	Muraber Is Not Acceptable)	 )			Penalty Fee(s): \$500 for each year partnership revoke					
Suite 400			1		A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in					
Naples	<u> </u>	State 34103 Code			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, Rorida Statutes. I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.										
SEE ATTACHED  SIGNATURE (Registered Agent Accepting Appointment)										
A GENERAL		S A CORPORAT	ION, LIMITED	PAF	RTNERSHIP OR OTHER /ITH THIS OFFICE.	BUSINESS ENTITY				
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 Delu	ıca	T	c/o Rockridge Capital		ford, CT 06461					
		Management 300 Bic Drive				5280354 004016 **600.00				
Suzanne V. Greco		c/o Rockridge Capital Management 300 Bic Drive, 2nd Floor		Mill	ford, CT 06461	5280354 004017 **8.75				
			PEINS	TA	TEMENT 200	3-2W8				
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 illing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florids Statutas. 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 if am a General Partner of the limited pertnership, receiver or trustee empowered to execute this report as required by chapter 620, Floride Statutes.										
SIGNATURE Sugare Seco DATE 8/19/18										
Typed or Printed Name of General Partner Signing Form Suzanne Greco Telephone Number 239.649.3186										

en interest									
PLEAS	SE READ A	LL INSTRUCTI	ONS BEFOR	E C	OMPLETING THIS FOR	RM. 08 AUG 25	1/2		
LIMITED PARTNERSHIP REINSTATEMENT  PARTNERSHIP REINSTATEMENT  PARTNERSHIP REINSTATEMENT  PARTNERSHIP Secretary of State DIVISION OF CORPORATIONS						TALLAHASSEE,	P)		
DOCUMENT # A960000065  1. Name of Limited Partnership  STONE RIVER ROAD, LIMITED PARTNERSHIP									
2. Principal Office Address - No P.O. Box #  c/o Rockridge Capital Management  c/o Rockridge Capital Management						(11 <del>0.7</del> )			
Suite, Apt. #, etc. 300 Bic Drive, 2nd Floor		Suite, Apt. #, etc. 300 Bic Drive, 2nd Floor			CR2E039 (1/07)  4. Date Formed or Registered 12/29/1995 To Do Business In Florida				
City & State Milford, CT		City & State Milford, CT			582226880	Applied For Not Applicable			
06461 ÛSA		06461	ŰŠÃ		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	eđ		
8. Name	e and Address of	Current Registered Agen	ıt		7. FEES:		7		
CLASP, Inc.	- h.2			Filing Fee(s); \$411.25 for each year due this office.  Supplemental Fee(s); \$88.75 for each year due this office.					
3001 Tamiami Ti	rail North	(			Penalty Fee(s): \$500 for each year partnership revoked		ı		
Suite 400		1/1/			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.				
Naples		FL 34103 Code			By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.				
<ol> <li>Pursuant to the provisions of section Florida Statutes.</li> </ol>	on 620.1810 or 620.19	009, Fidrida Statutes, I hereby	y accept the appointment	of regis	stered agent. I am familiar with, and accept t	the obligations of Chapter 620,	ı		
SIGNATURE (Registered Agent Accepting Appointment)  Joel Schecter, President 08/26/2008  (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 Partin	er(s)		General Partner Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number			
Johathan Deluca		c/o Rockridge Management 300 Bic Drive	!	Milf	ord, CT 06461				
Suzanne V. Greco		c/o Rockridge Capital Management 300 Bic Drive, 2nd Floor			ord, CT 06461				
·			REINSTA	TE	MENT 2003-	2008			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.									
Corporations from any liability of	non-compliance with accurate and that my	Chapter 119, F.S. in the even signature shall have the same	t that the information supp legal effects as it made u	otied is o	remptions contained in Chapter 119, Florida learned exempt from public access. I further h. I further certify that I am a General Partner o	certify that the information indicated			

Telephone Number 239.649.3186

SIGNATURE.

Typed or Printed Name of General Partner Signing Form