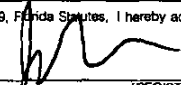


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A9600000065			
1. Name of Limited Partnership STONE RIVER ROAD, LIMITED PARTNERSHIP			
2. Principal Office Address - No P.O. Box # c/o Rockridge Capital Management		3. Mailing Office Address 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
8. Name and Address of Current Registered Agent			
Name CLASP, Inc.			
Street Address (P.O. Box Numbers Not Acceptable) 3001 Tamiami Trail North			
Suite, Apt. #, Etc. Suite 400			
City Naples		State FL	Zip Code 34103
4. Date Formed or Registered To Do Business in Florida 12/29/1995			
5. FFL Number 582226880		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒		\$8.75 Additional Fee required for a Certificate of Status	
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 ☐ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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. SEE ATTACHED SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____ (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)	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 **6000.00
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 <u>Suzanne Greco</u>		DATE <u>8/19/08</u>	
Typed or Printed Name of General Partner Signing Form <u>Suzanne Greco</u>		Telephone Number <u>239.649.3186</u>	

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED
08 AUG 25 PM 1:45
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A9600000065 1. Name of Limited Partnership STONE RIVER ROAD, LIMITED PARTNERSHIP			
2. Principal Office Address - No P.O. Box # c/o Rockridge Capital Management Suite, Apt. #, etc. 300 Bic Drive, 2nd Floor City & State Milford, CT Zip 06461 Country USA		3. Mailing Office Address c/o Rockridge Capital Management Suite, Apt. #, etc. 300 Bic Drive, 2nd Floor City & State Milford, CT Zip 06461 Country USA	
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		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	
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)  Joel Schecter, President 08/26/2008 (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) Johathan Deluca Suzanne V. Greco		Address of Each General Partner (Do NOT Use Post Office Box Numbers) c/o Rockridge Capital Management 300 Bic Drive, 2nd Floor c/o Rockridge Capital Management 300 Bic Drive, 2nd Floor City, State and Zip Code Milford, CT 06461 Milford, CT 06461	
		10a. Registration Document Number REINSTATEMENT 2003-2008	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
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SIGNATURE _____		DATE _____	
Typed or Printed Name of General Partner Signing Form _____		Telephone Number 239.649.3186	