

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A96000000069

1. Entity Name
THE WESTBERRY FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:41

Principal Place of Business
1750 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FL 32168

Mailing Address
1750 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262006

REIN-LP

CR2E100 (11/05)

4. FEI Number

59-3423877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESTBERRY, RICHARD S
1750 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FL 32168

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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
CITY-ST-ZIP
WESTBERRY, RICHARD S
1750 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FL 32168

STREET ADDRESS

CITY-ST-ZIP

500076018965

06/02/06 01042 002 **1000.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WESTBERRY, JEANETTE J
1750 HIDEAWAY FOREST TRAIL
NEW SMYRNA BEACH, FL 32168

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CITY-ST-ZIP

REINSTATEMENT 05-06

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-27-06