

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**06 MAY 11 AM 11:03**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 02/06**

CR2E039 (11/05)

DOCUMENT # **A96000000569**

1. Name of Limited Partnership  
**EL DESTINO OF JEFFERSON COUNTY, LTD.**

2. Principal Office Address  
**187 EL DESTINO RD**

3. Mailing Office Address  
**187 EL DESTINO RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MONTICELLO, FL**

City & State  
**MONTICELLO, FL**

Zip Country  
**32344 USA**

Zip Country  
**32344 USA**

4. Date Formed or Registered To Do Business In Florida  
**3/22/1996**

5. FEI Number  
**593368582**

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  
**THOMAS A. BARRON**

Street Address (P.O. Box Number is Not Acceptable)  
**217 N. MONROE STREET**

Suite, Apt. #, Etc.

City  
**TALLAHASSEE**

State Zip Code  
**FL 32301**

**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

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) **Thomas A. Barron** DATE **5/10/06**  
(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
<b>EL DESTINO INC. OF JEFFERSON COUNTY</b>	<b>187 EL DESTINO RD</b>	<b>MONTICELLO, FL 32344</b>	<b>A960000 25685</b>
			<b>200074614842</b> <b>05/15/06--01008--011 **2500.00</b>

**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 **Thomas A. Barron, VP** DATE **5/10/06**  
Typed or Printed Name of General Partner Signing Form **THOMAS A. BARRON, VP of G.P.** Telephone Number **(850) 671-0658**