

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

9600001158

DOCUMENT # A96000001158

1. Name of Limited Partnership
THE ROLSKY FAMILY LIMITED PARTNERSHIP

100003523421--9
-01/04/01--01075--003
***1175.00 ***1035.00

2. Principal Office Address
4417 Hunting Trail

3. Mailing Office Address
4417 Hunting Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State
Lake Worth, FL

Zip
33467

Country
USA

Zip
33467

Country
USA

8. Name and Address of Current Registered Agent

Name
Anne C. Levine

Street Address (P.O. Box Number is Not Acceptable)
4417 Hunting Trail

Suite, Apt. #, Etc.

City
Lake Worth

State
FL

Zip Code
33467

4. Date Formed or Registered
To Do Business in Florida 06/17/96

5. FEI Number
01-0507349

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$1,979,682.50

7b. Amount of Capital Contributions in FLORIDA to date:

\$1,272,260.15

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) Anne C. Levine Anne C. Levine DATE 12/22/00

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
SAMUEL ROLSKY SYLVIA J. ROLSKY	DECEASED c/o Paula Adelman 338 Kenduskeag Ave.	Bangor, ME-04401	FILED 01 JAN -2 AM 10:29 1/6

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Paula J. Adelman u/POA for Sylvia Rolsky DATE 12/27/00
Typed or Printed Name of General Partner Signing Form Sylvia J. Rolsky BY: Paula Adelman Under POA for Sylvia J. Rolsky
Telephone Number (207-942-2775)

CR2E039 (11/99)