PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT -9 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500023446665
10/22/03--01050--006 **8.05

DOCUMENT # A96000001182

1. Name of Limited Partnership
PEBB ENTERPRISES PINE ISLAND LTD.

2. Principal Office Address		3. Mailing Office Address	
1000 Corporate Drive		1000 Corporate Drive	
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210	
City & State Ft. Lauderdale, Fl		City & State Ft. Lauderdale, Fl	
Zip 33334	Country USA	Zip 33334	Country USA

4. Date Formed or Registered To Do Business in Florida: June 18, 1996

5. FEI Number: 65-0675505 — 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: $9,900

7b. Amount of Capital Contributions in FLORIDA to date: $9,900

8. Name and Address of Current Registered Agent

Name: Jeffrey M. Rosenberg

Street Address (P.O. Box Number is Not Acceptable): 1000 Corporate Dr., Suite 210

Suite, Apt. #, Etc.:

City: Ft. Lauderdale — State: FL — Zip Code: 33334

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 due.

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) _____ DATE October 8, 2003

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
Pebb Management Company, Inc.	1000 Corporate Dr. Suite 210	Ft. Lauderdale, Fl 33334	P96000039415

09/30/03 01067 009
$150.00
500023446665
10/22/03--01050--005 --**8.75

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 _____ DATE October 8, 2003

Typed or Printed Name of General Partner Signing Form: Jeffrey M. Rosenberg — Telephone Number: 954-771-3305

CT CORPORATION

October 9, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5950748 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Pebb Enterprises Pine Island Ltd. (FL) — Reinstatement
Certificate of Status/Authorization-Domestic W/
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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