

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A96000001626

1. Entity Name  
CENTRAL AVENUE REALTY, LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 10 AM 9:13

Principal Place of Business Mailing Address  
~~950 PARK STREET NORTH~~ 5253 Central Ave. ~~950 PARK STREET NORTH~~ 5263 Central Ave.  
ST. PETERSBURG, FL 33710 ST. PETERSBURG, FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11142005 REIN-LP CR2E100 (6/04)

4. FEI Number  
59-3397466

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

WHITE, RONALD C ESQUIRE  
5348 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33710

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. \$750,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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  
BURGE, ALLENA H TRUSTEE  
950 PARK STREET NORTH  
ST. PETERSBURG, FL 33710

STREET ADDRESS

CITY-ST-ZIP

900077728269  
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REINSTATEMENT 05-06

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Alle H. Burge* GP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

23 November 05

Date

Daytime Phone #

STAPLE CHECK HERE