

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED PARTNERSHIP REINSTATEMENT**  
LEBR



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
02 NOV 15 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A96 000001889**

1. Name of Limited Partnership

**LEA Family Partnership, Ltd.**

2. Principal Office Address

**1674 Williamsburg Sq.**

Suite, Apt. #, etc.

**c/o Joseph J. Nolan, P.A.**

City & State

**Lakeland FL**

Zip

**33803**

Country

**USA**

3. Mailing Office Address

**1674 Williamsburg Sq.**

Suite, Apt. #, etc.

**c/o Joseph J. Nolan PA**

City & State

**Lakeland FL**

Zip

**33803**

Country

**USA**

4. Date Formed or Registered  
To Do Business in Florida

**10/7/1996**

5. FEI Number

**593404090**

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:

**250,000.00**

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

8. Name and Address of Current Registered Agent

Name

**Joseph J Nolan**

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

**1674 Williamsburg Sq.**

Suite, Apt. #, Etc.

**Low office**

City

**Lakeland**

State

**FL**

Zip Code

**33803**

**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)

*[Signature]*

DATE

**11/8/02**

**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>Joseph J. Nolan</b>	<b>1674 Williamsburg Sq.</b>	<b>Lakeland, FL.</b>	
		<b>33803</b>	
			<b>7000009019453</b>
			<b>11/15/02-01026-003 **526.25</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 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

Typed or Printed Name of General Partner Signing Form

**Joseph J Nolan**

DATE

**11/8/02**

Telephone Number

**863-648-2770**

CR2E039 (10/02)

# A96000061889

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JOSEPH J. NOLAN, P. A.  
ATTORNEY AND COUNSELOR AT LAW

REAL PROPERTY LAW  
CORPORATE & BUSINESS LAW

1674 WILLIAMSBURG SQUARE  
LAKELAND, FLORIDA 33803  
(863) 648-2770 • FAX (863) 646-2764  
E-MAIL: JJNolanPA@AOL.com

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

November 8, 2002

RE: LEA Family Partnership, LTD.

FILED  
02 NOV 15 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Division of Corporations Registration Agent:

Herewith please find our Limited Partnership reinstatement application. Per a phone call to your office, I was informed that I should write a letter explaining the circumstances under which the original form was not filed and to include a check for payment in the amount of \$526.25.

To explain; We did not receive the original form. Our office complex has been given new address numbers instead of the old suite numbers and we have had 3 new mailmen, along with a few temporary single day substitutes. The new numbers are all four digits, all start with 16 and go from the sixty's to seventy's. There has been a great deal of confusion with the delivery of mail. No one expected this change to cause quite the problems it has. To address this we have asked all correspondence to our address be delivered to "Care of". As follows: LEA Family Partnership, Ltd. C/O Joseph J. Nolan, P.A., so the mailman will key in on the office name and not the physical address number.

Respectfully, we request the partnership be reinstated to good standing.

Sincerely,  
Joseph J. Nolan, P.A.



Joseph J. Nolan  
General Partner, LEA Family Partnership, Ltd.  
Enc.

