


2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2004 NOV 24 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000002	
1. Entity Name STONE CIVIX, LTD.	

Principal Place of Business 635 S. ORANGE AVE., SUITE 10 SARASOTA, FL 34236	Mailing Address 635 S. ORANGE AVE., SUITE 10 SARASOTA, FL 34236
---	---

2. Principal Place of Business 3600 Torrey Pines Blvd Suite, Apt. #, etc.	3. Mailing Address 3600 Torrey Pines Blvd Suite, Apt. #, etc.
---	---

City & State Sarasota, FL	City & State Sarasota, FL
Zip 34238	Country Sarasota



10272004 REIN-LP CR2E100 (6/04)

4. FEI Number 65-0717253	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent PATTERSON, JOHN 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236
--

7. Name and Address of New Registered Agent 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 <i>Keri Nakamoto</i> Signature, typed or printed name of registered agent and title if applicable.	DATE
--	------

9. Capital Contributions as Shown on record. \$900.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
---	---	--

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	STREET ADDRESS CITY-ST-ZIP
P96000086963 STONE PALMER, INC. 635 S. ORANGE AVENUE SARASOTA, FL 34236	3600 Torrey Pines Blvd Sarasota, FL 34238
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

400043557604
12/21/04--01049--020 **150.00

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: <i>Keri Nakamoto</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 10/27/04	Daytime Phone # 941 929 1052
---	------------------	---------------------------------

STAPLE CHECK HERE