## 2007 LIMITED PARTNERSHIP REINSTATEMENT

SIGNATURE:

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #A97000001089** 1. Entity Name 07 DEC -4 AMII: 51 WHITE EDELWEISS, LIMITED PARTNERSHIP en i maerskije grispaktije er eine Principal Place of Business Mailing Address 6911 RIVERVIEW BOULEVARD N.W. 6911 RIVERVIEW BOULEVARD N.W. BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10062007 REIN-LP CR2E100 (1/07) City & State City & State 4. FEt Number Applied For 65-0753296 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEENE, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 601 93RD AVENUE NORTH ST. PETERSBURG, FL 33702 Zip Code 8. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) FILE NOW!!! FEE IS \$1000.00 After January 1, 2008, Fee will be \$2000.00 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS WHITE, LESLIE R NAME STREET ADDRESS 6911 RIVERVIEW BLVD., NW CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG, FL 33702 500112787146 12/03/07--01059--004 \*\*1000.00 DOCUMENT # STREET ADDRESS WHITE, BEVERLY F NAME STREET ADDRESS 6911 RIVERVIEW BLVD., NW CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34209 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

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