

2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:07

DOCUMENT # A97000001252					
1. Entity Name *AJ/HP VENTURER, LTD.					
Principal Place of Business C/O WHITE & CASE 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131			Mailing Address 8917 WESTERN WAY, SUITE 6 JACKSONVILLE, FL 32256		
2. Principal Place of Business 6675 Corporate Center Pkwy Suite, Apt. #, etc. Ste 100 City & State Jacksonville, FL Zip 32216		3. Mailing Address 6675 Corporate Center Pkwy Suite, Apt. #, etc. Ste 100 City & State Jacksonville, FL Zip 32216		04282006 REIN-LP CR2E100 (11/05)	
Country U.S.		Country U.S.		4. FEI Number 59-3457716	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRAGG, K. LAWRENCE C/O WHITE & CASE 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)</small>					
FILE NOW!!! FEE IS \$1000.00			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 # P97000049722 NAME AJ/HP VENTURER, INC. STREET ADDRESS 8917 WESTERN WAY, SUITE 6 CITY-ST-ZIP JACKSONVILLE, FL 32256			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # 6675 Corporate Center Pkwy NAME Ste 100 STREET ADDRESS Jacksonville, FL 32216 CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date _____ Daytime Phone # _____					

STAPLE CHECK HERE

REINSTATEMENT 05-06

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