


2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A97000001872
 1. Entity Name
 NINE CABBAGES PARTNERSHIP, LTD.



FILED

2007 JUN -6 P 2:42

SECRETARY OF STATE
 FLORIDA

Principal Place of Business Mailing Address
 1417 CHISHOLM RIDGE CT. 1417 CHISHOLM RIDGE CT.
 ST CLOUD, FL 34771 ST CLOUD, FL 34771



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 320 Cypress Ave 320 Cypress Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

05162007 REIN-LP CR2E100 (1/07)

City & State City & State
 St. Cloud, FL St. Cloud, FL
 Zip Country Zip Country
 34769 34769

4. FEI Number Applied For
 59-3465862 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEFKOWITZ, IVAN M ESQ.
 430 NORTH MILLS AVENUE
 ORLANDO, FL

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 [Signature] DATE

FILE NOW!!! FEE IS \$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	
DOCUMENT #	P97000053591
NAME	JOHNSTON ENTERPRISES, INC.
STREET ADDRESS	1417 CHISHOLM RIDGE CT.
CITY-ST-ZIP	ST CLOUD, FL 34771
DOCUMENT #	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	800104227748
CITY-ST-ZIP	06/11/07--01054--017 **2000.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	REINSTATEMENT 06-07
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STAPLE CHECK HERE

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: Mina P. Johnston Date: 5/30/07 Daytime Phone #: 407-892-3969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #