

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|-----------------------|--|--------------------------|---|--|
| LIMITED PARTNERSHIP REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | SECRETARY OF STATE DIVISION OF CORPORATIONS 07 DEC 13 AM 10:21 | |
| DOCUMENT # A98000000139 | | | | | |
| 1. Name of Limited Partnership Freebee Landholdings, Ltd. | | | | | |
| 2. Principal Office Address - No P.O. Box # 940 NW 247th Drive | | 3. Mailing Office Address 940 NW 247th Drive | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Newberry, Florida | | City & State Newberry, Florida | | | |
| Zip 32669 | Country USA | Zip 32669 | Country USA | 4. Date Formed or Registered To Do Business in Florida 01/14/1998 | |
| 5. FFL Number 593486304 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee required for a Certificate of Status. | |
| 8. Name and Address of Current Registered Agent | | | | | |
| Name John Colundjia | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 940 NW 247th Drive | | | | | |
| Suite, Apt. #, Etc. | | | | | |
| City Newberry | | State FL | Zip Code 32669 | | |
| 9. 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 (Registered Agent Accepting Appointment)  | | | | DATE 12/12/2007 | |
| 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) | | 10a. Registration Document Number | |
| LRW & JTW, Inc. | | 940 NW 247th Drive | | Newberry, Florida 32669 P98000004176 | |
| 12/13/07 01047 014 \$2500.75 | | REINSTATEMENT w/o Penalty 2003 - 2007 | | | |
| 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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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  | | | | DATE 12/12/2007 | |
| Typed or Printed Name of General Partner Signing Form Larry R. Watson | | | | Telephone Number 352-472-9157 | |