PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERS REINSTATEM	HIP		TMENT OF STA y of State orporations	ATE	08	FILE DEC 16	PU 2: 0-
DOCUMENT # A9800001111 1. Name of Limited Partnership					SECRETARY OF STATE TALL AHASSEE, FLORIDA		
VAILCO PARTNERSHIP, LTD					100139018051 12/15/0801046004 **3500,00		
2. Principal Office Address - No P.O. Box # 6647 BRISTOL LAKE SO.		3. Mailing Office Address			CR2E039 (1/07)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		i	Date Formed or Registered To Do Business in Florida		
City & State DELRAY BEACH, FL		City & State			55-0835076 Applied For Not Applicable		
^{zip} 33446	ÜŠÁ	Zip	Country		6. CERTIFICATE OF STATUS DESIRE		dditional Fee required Certificate of Status
Name and Address of Current Registered Agent PREDERICK R. SILFEN Street Address (B.O. Box Number is Not Acceptable) UTH Suite, Apt. #, Etc. CIDELRAY BEACH State State State FL 33446					7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.		
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)							
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)			City, State and Zip Code		Registration Document Number
R & F. SILFEN		6647 BRISTOL LAKE SOUTH TEMENTOR		3344	DELRAY BEACH, FL 33446		0040688
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 filling 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 indicated on this annual report is true and accurate and that my signature shall have the same legal effects as it 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 Typed or Printed Name of General Partner Signing Form FLAGRAGUE R. Summ Telephone Number							

Vailco Partnership, Ltd. 6647 Bristol Lake South Delray Beach, Fl. 33446

December 6, 2008

Division of Corporations Attn: Partnership Section PO Box 6327 Tallahassee, Fl. 32314

RE: Vailco Partnership Ltd-Annual Reports

Gentlemen:

Attached please find my Limited Partnership Reinstatement report and my check in the amount of \$3500.00 that covers the years 2002 through 2008. Please abate any penalties as I never received the annual notices because I changed my mailing address. If you have any questions, please do not hesitate to contact me.

Sincerely,

Frederick R Silfen, President of the General Partner, R & F Silfen, Inc.

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