

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 OCT 25 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **AP800000136A**

1. Name of Limited Partnership
EF Investments Limited Partnership

400041440814
09/29/04--01032--001 **6139.50

2. Principal Office Address
P.O. Box 9175

3. Mailing Office Address
P.O. Box 9175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Framingham, MA

City & State
Framingham, MA

Zip Country
01701-9175 USA

Zip Country
01701-9175 USA

4. Date Formed or Registered
To Do Business in Florida June 2, 1998

5. FEI Number
57-1068431

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:
\$21,992,346

7b. Amount of Capital Contributions in FLORIDA to date:
\$21,992,346

8. Name and Address of Current Registered Agent

Name
Brian O'Connell
Boose Casey Ciklin Lubitz Martens McBane & O'Connell
Street Address (P.O. Box Number is Not Acceptable)
515 North Flager Drive
Suite, Apt. #, Etc.
Suite 1800
City
West Palm Beach
State
FL
Zip Code
33401-4343

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) N/A DATE _____

**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	10a. Registration Document Number
Barbara F. Stern	936 N. Lake Way	Palm Beach, FL 33480	

REINSTATEMENT
99-04
400041440814
10/27/04--01030--007 **18.00
[Signature]

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Barbara F. Stern DATE 9/24/04
Typed or Printed Name of General Partner Signing Form Barbara F. Stern Telephone Number (561) 844-1114

CR2E039 (10/02)