

# 2008 LIMITED PARTNERSHIP REINSTATEMENT

FILED

08 NOV -4 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001561

1. Entity Name  
THE ALLSWORTH FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE, FL 33316

Mailing Address  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE, FL 33316

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10292008 REIN-LP CR2E100 (1/07)

City & State

City & State

4. FEI Number  
65-0848722

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

ALLSWORTH, E. SCOTT  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE, FL 33316

## 7. Name and Address of New Registered Agent

Name  
**Mark E. Allsworth**  
Street Address (P.O. Box Number is Not Acceptable)  
**1177 S.E. 3rd Avenue**  
City **Fort Lauderdale** **FL** Zip Code **33316**

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 *Mark E. Allsworth*  
Signature, typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN)

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After January 1, 2009, Fee will be \$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 #  
NAME ALLSWORTH, E. SCOTT  
STREET ADDRESS 1177 S.E. 3RD AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

STREET ADDRESS  
CITY-ST-ZIP  
**500137575345**  
**11/03/08--01057--013 \*\*\$500.00**

DOCUMENT #  
NAME ALLSWORTH, KATHRYN E  
STREET ADDRESS 1177 S.E. 3RD AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME Mark. E. Allsworth  
STREET ADDRESS 1177 S.E. 3rd Avenue  
CITY-ST-ZIP Fort Lauderdale, FL 33316

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT

08

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: *E. Scott Allsworth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

10/31/08 954-762-3400

STAPLE CHECK HERE