

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

4,000.00
10-1-04

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 26 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (11/05)

DOCUMENT # A98000001750

1. Name of Limited Partnership
MILKE FAMILY LIMITED PARTNERSHIP

2. Principal Office Address
2600 NE 33 ST

Suite, Apt. #, etc.
NONE

City & State
LIGHTHOUSE PT, FL

Zip 33064 **Country** BROWARD

3. Mailing Office Address
2600 NE 33 ST.

Suite, Apt. #, etc.
NONE

City & State
LIGHTHOUSE PT, FL

Zip 33064 **Country** BROWARD

4. Date Formed or Registered To Do Business in Florida 7/22/1998

5. FEI Number 65085805 **Applied For** Not Applicable

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

8. Name and Address of Current Registered Agent

Name RAYMOND MONTANA

Street Address (P.O. Box Number is Not Acceptable)
2600 NE 33 ST.

Suite, Apt. #, Etc. N/A

City LIGHTHOUSE PT **State** FL **Zip Code** 33064

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

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)

Raymond Montana
(REGISTERED AGENT MUST SIGN)

DATE 6-12-06

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
MILKE MANAGEMENT COMPANY	2600 NE 33 ST	Lighthouse Pt FL 33064	D98000063323
100089811941 02/27/07--01055--009 ***4000.00 REINSTATEMENT 04-07			

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

Raymond Montana

DATE

2/10/07

Typed or Printed Name of General Partner Signing Form

RAYMOND MONTANA

Telephone Number

954-943-8101