2010 LIMITED PARTNERSHIP Reinstatement

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 14 PM 12:07

DOCUMENT #A98000002605

1. Entity Name
LOSILLIAS REALTY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4022 LOSILLIAS DRIVE SARASOTA, FL 34238	4022 LOSILLIAS DRIVE SARASOTA, FL 34238

09172010 Chg-LP CR2E003 (11/08j)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5840 Tidewood Ave.	5840 Tidewood AVe.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL 34231	City & State: Sarasota FL 34231
Zip / Country	Zip / Country

4. FEI Number: 65-0877165 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEE, H. GREG 2014 FOURTH STREET SARASOTA, FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $900.00
On or after September 24, 2010, Fee will be $1000.00

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 #	P98000082301	STREET ADDRESS	5840 Tidewood Ave.
NAME	LOSILLIAS REALTY, INC.	CITY-ST-ZIP	Sarasota FL 34231
STREET ADDRESS	4022 LOSILLIAS DRIVE		
CITY-ST-ZIP	SARASOTA, FL 34238		
DOCUMENT #		STREET ADDRESS	900188652629 12/14/10--01003--019 **652.50
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900188652629 12/14/10--01003--020 **400.00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME	REINSTATEMENT 2010	CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ Judith A. Schwartzbaum 12-1-10 1941- [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

586-6984