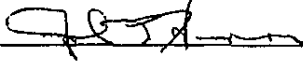


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT 2010-2014		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 MAY 29 AM 8:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A98000002829 1. Name of Limited Partnership THE HANSEN FAMILY LIMITED PARTNERSHIP					
2. Principal Office Address - No P.O. Box # 2009 Calusa Lakes Blvd.		3. Mailing Office Address		CR2E039 (1/11)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 12/18/98	
City & State Nokomis, FL		City & State		5. Fee Number 650883634	
Zip 34275	Country USA	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent Name Jack D. Hansen Street Address (P.O. Box Number is Not Acceptable) 2009 Calusa Lakes Blvd. Suite, Apt. #, Etc.				6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
City Nokomis				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.	
FL 34275				E-mail Address: sgrady@darnelllawgroup.com E-Mail address to be used for future annual report notices.	
9. Pursuant to the provisions of section 620.1810 or 620.1809, 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)  DATE 5/20/14 (REGISTERED AGENT MUST SIGN)					
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)		10a. Registration Document Number	
Jack D. Hansen Jean C. Hansen		2009 Calusa Lakes Blvd. 2009 Calusa Lakes Blvd.		Nokomis, FL 34275 Nokomis, FL 34275	
				700260711377 05/30/14--01001--002 **5000.00	
REINSTATEMENT 10-14					
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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE 		DATE 5/20/14			
Typed or Printed Name of General Partner Signing Form Jack D. Hansen		Telephone Number 941-485-2067			

K. ASHTON