

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A98000002847

1. Entity Name

JSML MURPHY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 AM 10:54

Principal Place of Business

165 LESLIE LANE
LAKE MARY, FL 32746

Mailing Address

165 LESLIE LANE
LAKE MARY, FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10112005 REIN-LP CR2E100 (6/04)

City & State

City & State

4. FEI Number
59-3547988Applied 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

7. Name and Address of New Registered Agent

MURPHY, JAMES B
165 LESLIE LANE
LAKE MARY, FL 32746

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,990,792.00

10. Amount of Capital Contributions
in FLORIDA to date.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

MURPHY, JAMES B

STREET ADDRESS

165 LESLIE LANE

CITY-ST-ZIP

LAKE MARY, FL 32746

STREET ADDRESS

CITY-ST-ZIP

200061262602

11/08/05--01052--010 **526.25

DOCUMENT #

NAME

MURPHY, JOAN T

STREET ADDRESS

165 LESLIE LANE

CITY-ST-ZIP

LAKE MARY, FL 32746

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT 2005

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/19/05 407-321-0227

Date

Daytime Phone #

STAPLE CHECK HERE