2005 LIMITED PARTNERSHIP REINSTATEMENT

SEC. FILED
DIVISION OF STATE
CORPORATIONS
05 DEC 12 AM 10: 35

DOCUMENT # A99000000783

1. Entity Name
BRYAN RANCH LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4255 N. US HWY 1 MELBOURNE, FL 32935	4255 N. US HWY 1 MELBOURNE, FL 32935

10102005 REIN-LP CR2E100 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3717474 — 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**
~~BRYAN, GLENN E JR.~~ 4255 N. US HWY 1 MELBOURNE, FL 32935	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. $639,540.00	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 #	P96000082757	STREET ADDRESS	
NAME	WHITEHOUSE ANTIQUES & ARMS, INC.		
STREET ADDRESS	4255 N. US HWY 1	CITY-ST-ZIP	
CITY-ST-ZIP	MELBOURNE, FL 32935		
DOCUMENT #		STREET ADDRESS	REINSTATEMENT 2005
NAME			
STREET ADDRESS		CITY-ST-ZIP	400062514214
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CITY			

STAPLE CHECK HERE

14. 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: Glenn E Bryan 12-7-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #