

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 3:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A99000001038

1. Name of Limited Partnership

The Keaney Family Limited Partnership

2. Principal Office Address

7515 Pelican Bay Boulevard

Suite, Apt. #, etc.

10-A

City & State

Naples, Florida

Zip

34108

Country

USA

3. Mailing Office Address

7515 Pelican Bay Boulevard

Suite, Apt. #, etc.

10-A

City & State

Naples, Florida

Zip

34108

Country

USA

4. Date Formed or Registered

To Do Business in Florida June 28, 1999

5. FEI Number

59-3584150

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

0

7b. Amount of Capital Contributions in FLORIDA to date:

0

FEES:

1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 2. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 3. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

Cynthia L. Harris
as its agent

SIGNATURE (Registered Agent Accepting Appointment)

Cynthia L. Harris

DATE

11/25/02

**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**

Francis M. Keaney

7515 Pelican Bay Blvd.,
#10-A

Naples, Florida 34108

Timothy F. Keaney

710 Hudson Street

Hoboken, New Jersey 07030

Mark F. Murphy

36 Washington Street

Wellesley, Massachusetts
02481

700009202427

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Mark F. Murphy

DATE

11/19/02

Typed or Printed Name of General Partner Signing Form

Mark F. Murphy

Telephone Number

781-237-7060

CR2E09 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 831770 7207948

AUTHORIZATION :

COST LIMIT : \$ 650.00

\$155

ORDER DATE : November 22, 2002

ORDER TIME : 10:44 AM

ORDER NO. : 831770-005

CUSTOMER NO: 7207948

CUSTOMER: Ms. Karen Gagney
International Client
Suite 380
36 Washington Street
Wellesley, MA 02481

RECEIVED
02 NOV 25 AM 11:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: THE KEANEY FAMILY LIMITED
PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135
EXAMINER'S INITIALS