

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2007 AUG -8 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800108389208  
08/21/07--01058--001 \*\*2500.00

CR2E039 (1/07)

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # A99000001725

1. Name of Limited Partnership

THE FOCUS FUND LIMITED PARTNERSHIP

1007-35862

2. Principal Office Address - No P.O. Box # 818 A1A NORTH		3. Mailing Office Address P.O. BOX 389	
Suite, Apt. #, etc. SUITE 207-B		Suite, Apt. #, etc.	
City & State PONTE VEDRA, FL		City & State PONTE VEDRA, FL	
Zip 32082	Country USA	Zip 32004	Country USA

4. Date Formed or Registered  
To Do Business in Florida 10/21/1999

5. FEI Number  
62-1801010

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent		
Name HUGHES, J. WINDER III		
Street Address (P.O. Box Number is Not Acceptable) 24 LA VISTA DRIVE		
Suite, Apt. #, Etc.		
City PONTE VEDRA	State FL	Zip Code 32082

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.

☒ A \$500 penalty is due for each year or part thereof the entity's  
certificate of authority was revoked on our records, except in  
circumstances which the entity did not receive the prior notices.  
By checking this box, you are certifying the prior notices were not  
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, 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)

(REGISTERED AGENT MUST SIGN)

DATE

7/30/07

**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
HUGHES CAPITAL INVESTORS, LLC	24 LA VISTA DRIVE	PONTE VEDRA, FL 32082	M97000000204
FF \$2500 PF N/A			
REINSTATEMENT 03-07			

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 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.

SIGNATURE

DATE

7/17/07

Typed or Printed Name of General Partner Signing Form

J. WINDER HUGHES

Telephone Number

904-273-6118