

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 AUG -1 AM 9:40

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** A99000001833

**1. Name of Limited Partnership**  
Louall 99, Ltd.

**2. Principal Office Address**

120 Martinique Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

**3. Mailing Office Address**

120 Martinique Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

**4. Date Formed or Registered  
To Do Business in Florida**

11-08-1999

**5. FEI Number**

58-2497575

Applied For

Not Applicable

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

**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

**8. Name and Address of Current Registered Agent**

Name

James P. Hines

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

315 South Hyde Park Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

**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

**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
L & L, LLC	120 Martinique Avenue	Tampa, FL 33606	L05000048284

**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 By: Leslie Ann Falk Osterweil

DATE

Typed or Printed Name of General Partner Signing Form Leslie Ann Falk Osterweil, as Manager

Telephone Number