

A99000001969

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 25 AM 9:47

10/29

DOCUMENT # A99000001969

1. Name of Limited Partnership

EYER FAMILY PARTNERSHIP, LTD.
REINSTATEMENT 2002

2. Principal Office Address

51 GRANTON OAK AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4607

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

USA

Zip

32459

Country

USA

4. Date Formed or Registered
To Do Business in Florida

24 NOVEMBER 1999

5. FEI Number

59-2951859

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:

0.00

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

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
EYER, LEE W.

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

51 GRANTON OAK AVE.

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

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.

SIGNATURE (Registered Agent Accepting Appointment)

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)

BARAKALA HOLDINGS, INC.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

SIGRANTON OAK AVE.

City, State and Zip Code

SANTA ROSA BCH. FL 32459

10a. Registration
Document Number

P99000083468

REINSTATEMENT

2002

4000008598234
10/25/02--01097--003 **\$41.25

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

DATE OCTOBER 16 2002

Typed or Printed Name of General Partner Signing Form

LEE WESLEY EYER

Telephone Number

(850) 231-4008

CR2E039 (9/01)