

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2002 JUL 18 PM 12:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #** B000000000023

**1. Name of Limited Partnership**

THINK 7 LIMITED PARTNERSHIP

**2. Principal Office Address**

7491 N. FEDERAL HIGHWAY

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C-5, #266

**City & State**

BOCA RATON, FL

**City & State**

**Zip**

33487

**Country**

USA

**Zip**

**Country**

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

**Name**

JEFF WELER

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

7491 N. FEDERAL HIGHWAY, C-5, #266

**Suite, Apt. #, Etc.**

**City**

BOCA RATON

**State**

FL

**Zip Code**

33487

**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)**

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

**City, State and Zip Code**

**10a. Registration  
Document Number**

SCHIPSKE TRUST  
62-6359246

7491 N. FEDERAL HIGHWAY  
C-5, #266

BOCA RATON, FL  
33487

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-07/23/02--01004--027  
\*\*\*\*282.50 \*\*\*\*282.50

**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

7/16/02

Typed or Printed Name of General Partner Signing Form

JEFF WELER, TRUSTEE OF THE SCHIPSKE TRUST

Telephone Number

877-463-7888

ITS GENERAL PARTNER

CR2E039 (9/01)