




2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB 14 AM 10:34

DOCUMENT # B05000000075 1. Entity Name GIVENS INVESTMENTS, LTD.					
Principal Place of Business 1365 COOPER DRIVE LEXINGTON, KY 40502			Mailing Address 1365 COOPER DRIVE LEXINGTON, KY 40502		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		02072007 REIN-LP CR2E100 (1/07)
4. FEI Number 52-2447363				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIVENS, AMBROSE W JR 2161 MCCOYS CREEK BOULEVARD JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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 			DATE 2/7/07		
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)			DATE		
FILE NOW!!! FEE IS \$1000.00			In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GIVENS, AMBROSE W 1365 COOPER DRIVE LEXINGTON, KY 40502		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M05000000883 GIVENS MANAGEMENT, LLC 1365 COOPER DRIVE LEXINGTON, KY 40502		STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			A.W. Givens		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE

REINSTATEMENT

06-07

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