## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2009 JUN 17 AM 10: 11			
DOCUMENT # B0600000117  1. Name of Limited Partnership				SECRETARY OF STATE TALL AHASSEE, FLORIDA			
ERG III ENTERPRISES, LP							
·					000151869190		
Principal Office Addr     Hammock	ess - No P.O. Box # Beach Parkway	3. Mailing Office Address PO Box 1809			000151863130 04/23/0901001002 **500.00 CR2E039 (1/07)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City B Crots		Ch. 6 Chair			4. Date Formed or Registered 03/09/2006 To Do Business in Florida		
Palm Coast, FL		Charleston, SC			20-4052650		Applied For Not Applicable
<sup>zi</sup> 32137	ÛŜĂ	<sup>Zip</sup> 29402	USA		6. CERTIFICATE OF STATUS DESIRED		Additional Fee required Certificate of Status
	8. Name and Address of	Current Registered Age	nt		7. FEES:		<u>-</u>
Ğinn, Edward R III				Filling Fee(s): \$411.25 for each year due this office.			
Street Address (P.O. Box Number is Not Acceptable) 1 Hammock Beach Parkway				Supplemental Fee(s): \$88.75 for each year due this office.  Penalty Fee(s): \$500 for each year or part thereof limited			
Suite, Apt. #, Etc.				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  A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.			
Palm Coast		State S2137 Code			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)					DATE	<u> 318</u>	109
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY							
	MUST	BE REGISTERE	ED AND ACTIV	VE W	ITH THIS OFFICE.		<u> </u>
10. Name(s) of G	eneral Partner(s)		h General Partner Office Box Numbers)		City, State and Zip Code	10a.	Registration Document Number
FRQ MANA	GEMENT, LLC	1 Hammock		Pa	In Coost, FL	m06	0000061337
Tig misigonol / M		1 Hammock Beach Pkwy			32.137		
					<u>,5001479</u>	724	05
REINSTATEMENT -08-09					03/30/0901045	1001	**580 <b>.</b> 00
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 the Corporations from er	that the information supplied with the linformation supplied with the linformation supplied with the linformation of the linfo	his filing is voluntarily furnish	ed and does not quality to	or the exe	emptions contained in Chapter 119, Florida emed exempt from public access I further	Statutes I	release the Division of
on this annual report	is true and accurate and that my	signature shall have the same	legal effects as if made un	nder oath	I further certify that I am a General Partner of	of the limited	partnership, receiver or

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Typed or Printed Name of General Partner Signing Form Edward R. Ginn, III