

# 2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B06000000402

1. Entity Name  
HOMEWOOD FAMILY PARTNERS LIMITED  
PARTNERSHIP



FILED

2008 DEC 23 AM 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
3355 W. ALABAMA, SUITE 1150 3355 W. ALABAMA, SUITE 1150  
HOUSTON, TX 77098 HOUSTON, TX 77098

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

10202008 REIN-LP CR2E100 (1/07)

4. FEI Number 20-5396751 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301

Name K. L. McLEMORE

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

79 10TH STREET

City APALACHICOLA

FL

Zip Code 32320

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

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$500.00  
After January 1, 2009, Fee will be \$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 # F06000006879  
NAME MCLEMORE NITERESTS, INC.  
STREET ADDRESS 3355 W. ALABAMA, SUITE 1150  
CITY-ST-ZIP HOUSTON, TX 77098

STREET ADDRESS

CITY-ST-ZIP

200139200102  
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STREET ADDRESS

CITY-ST-ZIP

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:

*[Signature]*

SCOTT H. McLEMORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #