

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JUL 23 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800183414228
07/19/10--01046--012 **\$3000.00

CR2E039 (05/10)

DOCUMENT # B070000000118

1. Name of Limited Partnership

Leesburg Associates Limited Partnership

2. Principal Office Address - No P.O. Box #

407 525 N Woodward Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

City & State

Bloomfield Hills, MI

City & State

Zip

48013

Country

USA

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

3/15/07

5. FEI Number

38-2548542

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Denise Sparta

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

407 West St.

Suite, Apt. #, Etc.

Bldg B

City

Naples,

State

FL

Zip Code

34108

7. FEES:

Filing Fee(s): \$411.25 for each year due this office

Supplemental Fee(s): \$88.75 for each year due this office

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

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)

(REGISTERED AGENT MUST SIGN)

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)

Kenneth P. Saundry, Jr

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

407 West St. Bldg B

City, State and Zip Code

Naples, FL 34108

10a. Registration
Document Number

B07000000118

REINSTATEMENT 08-10 AL

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

Kenneth P. Saundry Jr

DATE

7/15/10

Typed or Printed Name of General Partner Signing Form

Telephone Number