2006 LIMITED PARTNERSHIP REINSTATEMENT

SECRETARY OF STATE **DOCUMENT #B99000000295** DIVISION OF CORPORATIONS **GREYHOUND FUND LIMITED PARTNERSHIP** 06 MAY -1 AM 10: 07 Mailing Address Principal Place of Business P.O. BOX 1348 33 NORTH GARDEN AVENUE, SUITE 750 CLEARWATER, FL 33755 CLEARWATER, FL 33757 2. Principal Place of Business 3. Mailing Address PO BOX 1558 1862 MCCAULEY ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 **REIN-LP** CR2E100 (11/05) Applied For City & State City & State 4. FEI Number CLEARWATER, FL CLEARWATER, FL 59-3588401 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired X 33767 33765 **PINELLAS PINELLAS** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RONALD J. POLLACK POLLACK, RONALD J Street Address (P.O. Box Number is Not Acceptable) 33 NORTH GARDEN AVENUE, SUITE 750 CLEARWATER, FL 33755 1000 ELDORADO AVENUE Zip Code 33767 **CLEARWATER** 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. RONALD SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$1000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13 B960000000008 DOCUMENT # STREET ADDRESS 1862 MCCAULEY ROAD BULLDOG CAPITAL MANAGEMENT LIMITED PTNRSHP NAME STREET ADDRESS 33 NORTH GARDEN AVENUE, SUITE 750 CITY-ST-ZIP CLEARWATER, FL 33765 CITY-ST-7IP CLEARWATER, FL 33755 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **800075196998** 05/24/06--01007--031 **10 DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information findicated 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. BULLDOG CAPITAL MANAGEMENT/LIMITED PARTNERSHIP, BY RONALD J. POLLACK **APRIL 29, 2006** 727-725-5225 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone

FILED