

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000112114

Entity Name: PARTNERSHIP ESTATES, LLC

FILED
Oct 23, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 2292
SEFFNER, FL 335842292

New Principal Place of Business:

703 LAKESIDE DR
SEFFNER, FL 33584

Current Mailing Address:

PO BOX 2292
SEFFNER, FL 335842292

New Mailing Address:

703 LAKESIDE DR
SEFFNER, FL 33584

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GORTOT, FRANK JR
5309 C.R. 579
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

GORTOT, FRANK JR
703 LAKESIDE DR
SEFFNER, FL 33584 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANK GORTOT JR

10/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GORTOT, FRANK JR
Address: 5309 C.R. 579
City-St-Zip: SEFFNER, FL 33584

Title: MGR () Delete
Name: WILLIAMS, KEITH
Address: 259 BEACON ST, APT 4
City-St-Zip: BOSTON, MA 02112

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GORTOT, FRANK JR
Address: 703 LAKESIDE DR
City-St-Zip: SEFFNER, FL 33584

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANK GORTOT JR

MGR

10/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date