

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002-2003
LIMITED
PARTNERSHIP
REINSTATEMENT
UBR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 25 AM 10:25

DOCUMENT # A01000000877

1. Name of Limited Partnership

LEONARD ENTERPRISES, LTD.

2. Principal Office Address

Post Office Box 368

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 368

Suite, Apt. #, etc.

City & State

Blountstown, FL

City & State

Blountstown, FL

Zip

32424

Country

US

Zip

32424

Country

US

8. Name and Address of Current Registered Agent

Name

Burke H. Leonard

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

1701 Pear Street

Suite, Apt. #, Etc.

City

Blountstown

State

FL

Zip Code

33424

4. Date Formed or Registered

To Do Business in Florida 6/27/01

5. FEI Number

59-3749438

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

6,000,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

6,000,000.00

FEES:

- 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

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)

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

City, State and Zip Code

10a. Registration
Document Number

Martha H. Leath

1701 Pear Street

Blountstown, FL 33424

Burke H. Leonard

1701 Pear Street

Blountstown, FL 33424

2002 526.25
2003 526.25

Let
6/25

600018795476
06/26/03--01040--005 **26.25

600018795476
05/12/03--01010--026 **1026.25

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

DATE

4-30-03

Typed or Printed Name of General Partner Signing Form

Burke H. Leonard

Telephone Number