

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

1999-2002
LIMITED
PARTNERSHIP
REINSTATEMENT
LEBR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 JAN 29 PM 4:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

700004912577--9
-02/13/02--01002--025

DOCUMENT # A09288

1. Name of Limited Partnership
Alden Pines, Ltd.

2. Principal Office Address
14027 Clubhouse Drive
Suite, Apt. #, etc.

3. Mailing Office Address
P. O. Box 324
Suite, Apt. #, etc.

4. Date Formed or Registered
To Do Business in Florida
9/5/1980

5. FEI Number
59-2044080
Applied For
Not Applicable

City & State
Pineland, Florida

City & State
Pineland, Florida

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip
33945

Country
USA

Zip
33945

Country
USA

7a. Capital Contributions as shown on Record:
30,000

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

8. Name and Address of Current Registered Agent

Name
Barry K. Groves

Street Address (P.O. Box Number is Not Acceptable)
14346 Sandarac Drive, Box 324

Suite, Apt. #, Etc.

City
Pineland

State
FL

Zip Code
33945

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): \$600 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 1/16/2002

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
Alden Pines, Inc.	101 Main Street	Trenton, KY	549951
Ware, Robert F.	101 Main Street	Trenton, KY	
Groves, Barry	117 Hopkinsville ST.	Trenton, KY	
Groves, Leigh	117 Hopkinsville St	Trenton, KY	

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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 Barry Groves, General Partner DATE 1/16/2002

Typed or Printed Name of General Partner Signing Form Barry Groves, General Partner Telephone Number 270-466-5628

7/2

Alden Pines, Ltd.
P. O. Box 324
Pineland, Florida 33945

January 16, 2002

Florida Department of State
Division of Corporations

Attn: Partnership Section
P. O. Box 6327
Tallahassee, FL 32314

RE: Alden Pines, Ltd. Document #A09288

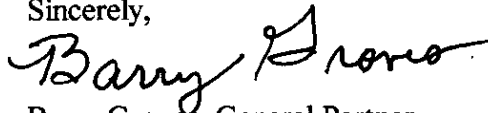
Dear Sirs,

As per a conversation today with a representative of your office, I have enclosed an application for a Limited Partnership Reinstatement on behalf of Alden Pines, Ltd. Further, I have enclosed a check in the amount of \$1,195.00 for the period of 1999 through 2002.

I have not included any penalty payments. I request that your department waive any penalties. We did not receive any forms for 1999 and consequently, were placed on the inactive status and I did not receive any further reports.

If there is further information needed, please contact me at (270) 466-5628.

Sincerely,



Barry Groves, General Partner
Alden Pines, Ltd.