

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

FILED

11 MAY -5 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A96000002467**

1. Name of Limited Partnership

WOOTEN FAMILY PARTNERSHIP LTD

KS

2. Principal Office Address - No P.O. Box #  
32330 E TAMIAMI TRL

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
OCHOPEE, FL

City & State

Zip  
34141

Country  
COLLIER

Zip

Country

100207217411  
05/05/11--01005--003 \*\*\*3000.00

**REINSTATEMENT 09-11**

4. Date Formed or Registered  
To Do Business in Florida 12/16/1996

5. FEI Number 65-0698551

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  
CHRISTOPHER C SOUD

Street Address (P.O. Box Number is Not Acceptable)  
150 S MAIN ST

Suite, Apt. #, Etc.

City  
LABELLE

Zip Code  
FL 33935

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.

E-mail Address:

chris@labeledcpa.com

E-Mail address to be used for future annual report notices

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 4/29/2011

**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
STANLEY G WOOTEN	32330 E TAMIAMI TRL	OCHOPEE, FL 34141	N/A

**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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE *Stanley G. Wooten*

DATE 4/29/2011

Stanley Gene Wooten

Typed or Printed Name of General Partner Signing Form

Telephone Number (863)673-5572