PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED COA PARTNERSHIP REINSTATEMENT	FLORIDA-DEPARTMENT OF STATE Katherine Harris Secretary of State Division of corporations	SECRETARY OF STATE DIVISION OF CORPORATIONS 02 JAN -7 PM 2: 16
DOCUMENT# 1. Name of Limited Partnership Ashe Family Limited Partnership	7-1316 ership	0000047628805 -01/09/0201052011 ******26.25 ******26.25
2. Principal Office Address 11960 S.E. Dixie Hwy. Suite, Apt. #, etc. City & State Höbe Sound, FL Zip Country 33455 USA	3. Mailing Office Address 853 SE Monterey Commons Blv Suite, Apt. #, etc. City & State Stuart, FL Zip 34996 Country USA	4. Date Formed or Registered To Do Business in Florida 6/12/97 5. FEI Number Applied For Not Applied For Starus DESIRED S8.75 Additional Fee required for a Certificate of Status 7a. Capital Contributions as shown on Record: 4,900,000.00 7b. Amount of Capital Contributions in FLORIDA to date:
Name James Sopko Esq. Street Address (P.O. Box Number is Not Accepta 853 SE Monterey Commons B. Suite, Apt. #, Etc. City Stuart		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 diffice 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) 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		
M.V.L.A., Inc.	11960 SE Dixie Hwy.	P97000047761 DDDDD047628805 -01/09/0201052012 ***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 filling 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 10/26/01

SIGNATURE __

Typed or Printed Name of General Partner Signing Form <u>Martha H. Ashe</u>

DATE 10/26/01

Telephone Number

200

KRAMER, SEWELL, SOPKO & LEVENSTEIN, P.A.

ATTORNEYS AT LAW

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November 7, 2001

Flörida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

The Ashe Family Limited Partnership

FEI Number: 65-0769855 Document No. A97000001316

Dear Sir/Madam:

I write in furtherance of the captioned Partnership. The Partnership received a Certificate of Revocation effective September 28, 2001, by letter dated October 10, 2001. The General Partner has no record of receiving the initial 2001 Uniform Business Report or a reminder notice as stated in your letter. Enclosed is a completed Limited Partnership Reinstatement form, along with a check in the amount of \$1,026.25 for payment of the 2001 Uniform Business Report filing fee. Please accept the enclosed and reinstate the Partnership at your earliest convenience.

Please also forward confirmation that the initial report and reminder were provided. As stated, neither was received. In light of this fact, request is made that all penalties be waived in this

If you have any questions regarding the enclosed, please feel free to call me.

Singerely,

James Sopko

JS/lc

Enclosures

: Mrs. Martha H. Ashe

R. Lawrence Ashe, Jr., Esquire

/ashe/ep/lr-dept of state.20011107