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## CO PLETING THIS FORM. FLORIDA DEPARTMENT OF

Secretary of State DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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A98000001983

1. Name of Limited Partnership

PARTNERSHIP REINSTATEMENT

CRAIG H. AND JAN MILLER SHER FAMILY PARTNERSHIP, LTD.

<del>.</del>							J	003-	2004	
2. Principal Office Addre		3. Mailing Office Address	To	4. Date Formed or Registered To Do Business in Florida Aug. 24, 1998						
Suite, Apt. #, etc.	D PARK DRIVE	9055 BAYWOOD PARK DRIVE Suite, Apt. #, etc.			5. FEI Number         Applied For           . 59-3631480         Not Applicable					
City & State	7 22777 4620	City & State SEMINOLE, F	CE	CERTIFICATE OF STATUS DESIRED X S8.75 Additional Fee required for a Certificate of Status						
SEMINOLE, F Zip 33777-4630	L 33777-4630 Country USA	Zip 33777-4630	Country USA	7a.	1,500.	tributions as sho OO Capital Contributi		A to date:		
	8. Name and Address of	Current Registered Ager	nt		1,500.	00				
	H. Number is Not Acceptable) D PARK DRIVE	State FL	Zip Code 33777-4630	in for 2.) Su wi 3.) Pe No 7a	7b, with a miner each year description of the second of th	Computed at a ra inimum filing fee fue this office. Fee(s): \$88.75 fondar year. : \$500 penalty feenount entered in ental affidavit mu	of \$52,50 and a or each year due ee for each year 7b is greater tha	maximum this office, report form an amount e	of \$437.50, , beginning 1 <u>is due</u> . entered in	
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Ag	ns of sections 620.1051 and 620. ging its registered office or registe , and accept the obligations of se ent Accepting Appointment)  PARTNER THAT IS MUST	ered agent, or both, in the State ction 620,192, Florida Statutes	ION, LIMITED	PARTNE	y its general p	DAT	re	2-04	f registered	
<b>10.</b> Name(s) of G	eneral Partner(s)	Address of Each	n General Partner Office Box Numbers)		City, State and		10a.		istration ent Number	
Sher, Craig	н.	9055 Baywood	l Park Drive	Semino	le, FL	33777-	- 13 + )			
Sher.,_Jan_M		9055_Baywood	l_Park_Drive	0	<b>30</b> 0 3/11/0	33777_ 10303 401035	Oli *	*1291.	<b>東京 海军等</b> 5日	
Mote: General	nartners MAY NOT	he changed on th	is form: an ame	endment :	must be	filed to c	hange a g	eneral	partner.	

whereby 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 reportations 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, this annual report is true and accurate and that my sufficient 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 ustee empowered to execute this report as require the charge of the statutes. justee empowered to execute this repr

SIGNATURE \_

Craig H. Sher, Gen. Partner
Typed or Printed Name of General Partner Signing Form

\_\_ DATE \_\_\_\_ 1/28/04

Telephone Number <u>727-384-6000</u>