


**A0000000553**

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE FILING THIS FORM

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> A0000000553			
<b>1. Name of Limited Partnership</b> Stiverson Family Limited Partnership <i>9/28/01</i>			
<b>2. Principal Office Address</b> 812 SE. 49th AVE. Suite, Apt. #, etc. City & State Ocala, FL Zip 34471 Country USA		<b>3. Mailing Office Address</b> 812 S.E. 49th AVE. Suite, Apt. #, etc. City & State Ocala, FL Zip 34471 Country USA	
<b>4. Date Formed or Registered To Do Business in Florida</b> 3/29/00			
<b>5. FEI Number</b> 59-3638474 Applied For: <input type="checkbox"/> Applied For Not Applicable: <input checked="" type="checkbox"/> Not Applicable			
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
<b>7a. Capital Contributions as shown on Record:</b> 1,000.00			
<b>7b. Amount of Capital Contributions in FLORIDA to date:</b> 1,000.00			
<b>8. Name and Address of Current Registered Agent</b> Name: SCOTT STIVERSON Street Address (P.O. Box Number is Not Acceptable): 812 S.E. 49th AVE. Suite, Apt. #, Etc. City: Ocala State: FL Zip Code: 34471			
<b>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.</b> SIGNATURE (Registered Agent Accepting Appointment): <i>Scott Stiverson</i> DATE: 11/28/01			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>10. Name(s) of General Partner(s)</b> STIVERSON FAMILY LIMITED LIABILITY COMPANY Adm -500.00 Mgr 52.50 Presupp 88.75 CUS 8.75 650.00		<b>10a. Registration Document Number</b> L00000003504 900004710989--B -12/06/01--01012--022 ****650.00 ****650.00 BK <b>REINSTATEMENT 2001</b> (MK)	
Addresses of Each General Partner (Do NOT Use Post Office Box Numbers) 812 SE. 49th AVE.		City, State and Zip Code Ocala, FL 34471	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
<b>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.</b>			
SIGNATURE: <i>Scott Stiverson</i> Member DATE: 11/28/01			
Typed or Printed Name of General Partner Signing Form: <i>Stiverson Family Limited Liability Company</i> Telephone Number: 352.369.8991			

CR28203 (8/00)