


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>A00000000738</u>			
1. Name of Limited Partnership <u>Agri Family Limited Partnership</u>			
2. Principal Office Address <u>2560 Roxburgh Drive</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2560 Roxburgh Drive</u> Suite, Apt. #, etc.	
City & State <u>Roswell, Georgia</u>		City & State <u>Roswell, Georgia</u>	
Zip <u>30076</u>	Country <u>USA</u>	Zip <u>30076</u>	Country <u>USA</u>
8. Name and Address of Current Registered Agent			
Name <u>Gail DeCroes</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>5412 Crescent Drive</u>			
Suite, Apt. #, Etc.			
City <u>Tampa</u>	State <u>FL</u>	Zip Code <u>33611</u>	
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) <u>Jonathan Agri</u> DATE <u>9/10/04</u>			
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
<u>AGRI MANAGEMENT SERVICES LLC</u> <u>2560 ROXBURGH DRIVE</u> <u>ROSWELL, GA. 30076</u>	<u>2560 Roxburgh Drive</u>	<u>Roswell, Ga. 30076</u>	<u>800043561118</u> <u>12/21/04--01059--004</u> ***\$65.00
			<u>800043561118</u> <u>12/21/04--01059--005</u> ***\$7.75
			REINSTATEMENT <u>New RA must sign.</u>
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)(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 <u>Jonathan Agri</u> DATE <u>9/10/04</u>			
Typed or Printed Name of General Partner Signing Form <u>Jonathan Agri</u> Telephone Number <u>404-483-7637</u>			

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Dear Michele,

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

As discussed, we never recieved the documents each year to reinstate the Agri Family Ltd. Anship. LLC. That's why we didn't renew.

Please remove the penalties.

Sincerely,
Jonathan Agui