

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>A0000001152</u>		800004746848--S -01/02/02--01041--017 ****156.25 ****156.25	
1. Name of Limited Partnership <u>STRASKIDZ FAMILY LIMITED PARTNERSHIP</u>			
2. Principal Office Address <u>1346 Ridgewood Ave.</u>		3. Mailing Office Address <u>PO Box 2150</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Winter Park FL</u>		City & State <u>Winter Park</u>	
Zip <u>32789</u>	Country <u>USA</u>	Zip <u>32790</u>	Country <u>USA</u>
4. Date Formed or Registered To Do Business in Florida			
5. FEI Number <u>59-3670675</u>		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: <u>\$2,000.00</u>			
7b. Amount of Capital Contributions in FLORIDA to date: <u>\$2,000.00</u>			
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.			
8. Name and Address of Current Registered Agent Name <u>Leslie S. Strasberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>1346 Ridgewood Avenue</u> Suite, Apt. #, Etc.			
City <u>Winter Park</u>		State <u>FL</u>	Zip Code <u>32789</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>[Signature]</u>		DATE <u>12-6-01</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) <u>The Jordan Companies</u>	Address of Each General Partner (Do NOT Use Post Office Box Numbers) <u>1346 Ridgewood Ave.</u>	City, State and Zip Code <u>Winter Park FL 32789</u>	10a. Registration Document Number <u>PPA-40680</u> <u>FF \$141.25</u> <u>Service chg. 15.00</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 for 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>[Signature]</u>		DATE <u>12/31</u>	

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STRASKIDZ FAMILY LIMITED PARTNERSHIP

**1346 Ridgewood Avenue
Winter Park, FL 32789
(407) 644-9775**

December 7, 2001

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

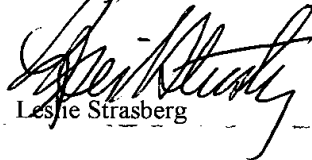
Re: Straskidz Family Limited Partnership

To Whom It May Concern:

Please accept our check in the amount of \$156.25 for payment of the 2001 Uniform Business Report filing. There was some problem with our checking account when the check for \$141.25 was processed and it was returned.

We are concerned the Partnership will be revoked and it will be a hardship if we had to pay a penalty to reinstate. Please waive the penalty fee and accept our payment as enclosed. Thank you very much for your help.

Sincerely,


Leslie Strasberg