PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STA Secretary of State DIVISION OF CORPORATIONS	TE OMPLETING THIS FO	AIE TIONS 5	
DOCUMENT # A00000001257 1. Name of Limited Partnership BEST Family Limited Partnership		98		
2. Principal Office Address 1880 N Crystal & Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	4. Date Formed or Registered To Do Business in Florida 5. FEI Number 5. 9.76657/6 CERTIFICATE OF STATUS DESIRED	SR 75 Additional Footrogui	
	Zip 33801 Country Tolk of Current Registered Agent	7b. Amount of Capital Contributions is	7a. Capital Contributions as shown on Record: 578,000.00 7b. Amount of Capital Contributions in FLORIDA to date: 578,000.000	
Name Mary L. Best Street Address (P.O. Box Number is Not Acceptable) /820 N. Crystal Sk. De Suite, Apt. #, Etc. Linit 45 City Lakeland State 3 380/		1.) Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of \$5 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for eac with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b is	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 delinquer Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate	
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 lamiliar 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	
Mary L. Best	280 N Augstal 2k Dr. Unit 45	Lakeland II. 33801-5974	A0000000 1257	
•	100 02-05	6000594591 09/08/0501054001		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner				
11. Ido 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 o trustee empowered to execute this report as required by chapter 620. Florida Statutes.				

SIGNATURE

Harold L. Harkins, Jr.

Attorney at Law & Personal Trustee 813 / 933-7144 ❖ Fax 813 / 933-6393

Adria Beenhakker Dickey Attorney at Law P.O. Box 274121 Tampa, Florida 33688-4121

Bill Rogers George E. Fahrenkopf Patsy L. Aaron Administrative Assistants

November 29, 2005

Ms. Brenda Tadlock Limited Partnership Office Division of Corporations Florida Department of State PO Box 6327 Tallahassee, FL 32314

2803 W. Busch Blvd., Suite 112

Tampa, Florida 33618-4517

Sharon Scarinci

Alder Allensworth

Administrative Assistant

Office Manager

RE: Best Family Limited Partnership

Dear Ms. Tadlock:

Our firm represents the Best Family Limited Partnership. On August 27, 2002, we filed a Certificate of Limited Partnership Amendment for the Best Family Limited Partnership, indicating the partnership's General Partner, the General Partner's address, the partnership's mailing address and the partnership's office address changed.

In September 2005, we discovered the partnership had been administratively dissolved for failure to file annual reports. We immediately filed for reinstatement and paid a \$4,384.50 fee, which included a \$2,029.50 filing fee, a \$2,000 penalty fee, and a \$355.00 supplemental fee.

After review, we suspect the annual reports were mailed to the old General Partner, Frank Puissegar, at his address, instead of the new General Partner, Mary L. Best, at the address reflected in the Certificate of Limited Partnership Amendment. Therefore the new General Partner was never notified the reports were due.

Since the General Partner was never notified to file the annual report for years 2002-2005, we ask for a refund of the penalty and supplemental fee paid to reinstate the partnership. Please issue a check in the amount of \$2,355.00 made payable to the Best Family Limited Partnership for refund of these fees. Please mail the check to our office so we know this matter has been resolved and we will deliver the check to our client.

If you have any questions, please give me a call. Thanks.

Sincerely,

Adria Beenhakker Dickey

Approved and Authorized:

Mary L. Best, General Partner Best Family Limited Partnership