

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001342

1. Name of Limited Partnership  
JOHN R. & SALLY S. KRAMER  
FAMILY LIMITED PARTNERSHIP

2. Principal Office Address 12620 COLLIERS RESERVE DR. Suite, Apt. #, etc.		3. Mailing Office Address 12620 COLLIERS RESERVE DR. Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34110	Country USA	Zip 34110	Country USA

4. Date Formed or Registered To Do Business in Florida 8/31/00	
5. FEI Number 59-3686579	Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
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7a. Capital Contributions as shown on Record: \$550,000
7b. Amount of Capital Contributions in FLORIDA to date: \$175,976

8. Name and Address of Current Registered Agent		
Name JEREMY P. ROSS		
Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN STREET		
Suite, Apt. #, Etc. C/O BUSH ROSS P.A.		
City TAMPA	State FL	Zip Code 33602

<b>FEES:</b>	
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 due.	
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.	

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)

DATE

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
JOHN R. KRAMER, TRUSTEE	12620 COLLIERS RESERVE DR.	NAPLES, FL 34110	
SALLY S. KRAMER, TRUSTEE	12620 COLLIERS RESERVE DR.	NAPLES, FL 34110	
<b>REINSTATEMENT</b> 03 			000024189860 10/28/03--01017--008 **1026.25

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 X John R. Kramer Sally S. Kramer

DATE

10/24/03

Typed or Printed Name of General Partner Signing Form

John R. Kramer

Telephone Number

(239) 593-0748