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Nelson Fairbanks

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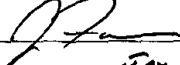


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		0001 LIMITED PARTNERSHIP REINSTATEMENT UBR	
DOCUMENT # A00000001897			
1. Name of Limited Partnership JUAN RPB, LLP			
2. Principal Office Address 12041 Southern Blvd		3. Mailing Office Address 15410 Whispering Willow Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH FL		City & State WELLINGTON FL	
Zip 33411		Zip 33414	
Country		Country	
8. Name and Address of Current Registered Agent			
Name JAY M FAIRBANKS			
Street Address (P.O. Box Number is Not Acceptable) 15410 WHISPERING WILLOW DR			
Suite, Apt. #, Etc.			
City WELLINGTON		State FL	
Zip Code 33414			
9. Pursuant to the provisions of sections 620.1051 and 620.112, 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 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 620.112, 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
JAY M FAIRBANKS	15410 WHISPERING WILLOW DR	WELLINGTON FL 33414	N/A
J NELSON FAIRBANKS	210 EXPRESS AVE	CLAWISTON FL 33440	N/A
9000004670399-8 -11/07/01--01014--008 *****141.25 *****141.25			
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 		DATE 	
Typed or Printed Name of General Partner Signing Form JAY M FAIRBANKS		Telephone Number 	

CR2009 (9/01)