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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. EL DIVISION OF CORPORATIONS LIMITED FLORIDA DEPARTMENT OF STATE 05 MAY 31 AM 8: 57 **PARTNERSHIP** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # A01000000214 1. Name of Limited Partnership ROSANSKY FAMILY LIMITED PARTNERSHIP CLO SESSLER & SESSLER LLP 228 EAST 45TH ST 10TH FL 2. Principal Office Address 3. Mailing Office Address 4. Date Formed or Registered 495 MCKINLEY DRIVE To Do Business in Florida 5. FEI Number Suite, Apt. #, etc. Applied For 65-1072397 Not Applicable \$8.75 Additional Fee required City & State City & State CERTIFICATE OF STATUS DESIRED SARASOTA 7a. Capital Contributions as shown on Record: Country 1000 34236 7b. Amount of Capital Contributions in FLORIDA to date: 8. Name and Address of Current Registered Agent 1000 ROSANSKY, MARTIN FEES: 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, Street Address (P.O. Box Number is Not Acceptable)
495 MCKINUEY DKI for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Suite, Apt. #, Etc. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is definquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate City SARASOTA 34236 and appropriate filing fee. FL 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10. Registration Name(s) of General Partner(s) City, State and Zip Code 10a. 495 MCKINLEY DRIVE SARASOTA FL 34236 ROSANSKY, MARTIN A01000000214 900056395069 06/21/05--01045--024 **1282,50 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. I do 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 rule 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 by execute this report as required by chapter 520, Florida Statutes. SIĞNATURE Typed or Printed Name of General Partner Signing Form Telephone Number