
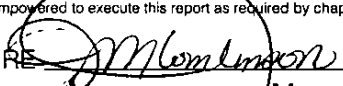


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;">LIMITED PARTNERSHIP REINSTATEMENT</div><div style="text-align: center;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 05 APR - 11 PM 4: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900054215589 05/10/05--01063--010 **3078.75
DOCUMENT # A02000000219		
1. Name of Limited Partnership Lake Avenue Partners, LTD., LLLP		
2. Principal Office Address 808 E. Main St. <small>Suite, Apt. #, etc.</small>	3. Mailing Office Address P.O. Box 3663 <small>Suite, Apt. #, etc.</small>	4. Date Formed or Registered To Do Business in Florida 02-19-02
City & State Lakeland, FL	City & State Lakeland, FL	5. FEI Number 01-0618147 <div style="display: flex; justify-content: flex-end;"><div style="border: 1px solid black; padding: 2px;"><small>Applied For</small></div><div style="border: 1px solid black; padding: 2px;"><small>Not Applicable</small></div></div>
Zip 33801	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name Macon Tomlinson Street Address (P.O. Box Number is Not Acceptable) 808 E. Main St. Suite, Apt. #, Etc. <div style="display: flex; justify-content: space-between;"><div>City Lakeland</div><div>State FL</div><div>Zip Code 33801</div></div>		7a. Capital Contributions as shown on Record: 1,386,000.00 7b. Amount of Capital Contributions in FLORIDA to date: 1,386,000.00 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. <small>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.</small>
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. <div style="display: flex; justify-content: space-between;"><div>SIGNATURE (Registered Agent Accepting Appointment) _____</div><div>DATE 4-12-05</div></div>		
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) Lake Ave. Management, LLC	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 808 E. Main St.	10a. Registration Document Number L01000021451
<div style="font-size: 2em; font-weight: bold; text-decoration: underline;">REINSTATEMENT</div> 2003-05		
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  Typed or Printed Name of General Partner Signing Form Macon Tomlinson		DATE 4-12-05 Telephone Number 863-682-5848

CR2E039 (10/02)