PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| LIMITED PARTNERSHIP REINSTATEMENT PARTNERSHIP REINSTATEMENT PARTNERSHIP REINSTATEMENT PARTNERSHIP Secretary of State DIVISION OF CORPORATIONS | | | | | 06 DEC 14 PM 3:57 TALLAHASSEE. FLORIDA | | |
|---|-------------------------------------|--------------------------|------------------------------|------|---|---------------|--|
| DOCUMENT # 1. Name of Limited Partnership LSL Hampton Family Limited Partnership, LLLP A0300000544 | | | | | | | |
| 2. Principal Office Addre | | 3. Mailing Office Addres | | | CR2E039 | /41/05) | |
| Suite, Apt. #, etc. | | | 11 KOau | | CICELUU. | (11/00) | |
| | | Suite, Apt. #, etc. | | | 4. Date Formed or Registered To Do Business in Florida | -02-20 | 102 |
| City & State | | City & State | City & State | | 5. FEI Number | -02-20 | Applied For |
| Winter Have | Winter Haven, FL Zip Country | | Winter Haven, FL Zip Country | | 57-1159095 | | Not Applicable |
| 33880 | USA | 33880 | USA | | CERTIFICATE OF STATUS DESIRED | | Additional Fee required Certificate of Status |
| | 8. Name and Address of | Current Registered Agen | ŧ | | 7. FEES: | | |
| Name Lynn Hampto | on | | | | Filing Fee(s): \$411.25 for each | vear due | this office. |
| Street Address (P.O. Box | Number is Not Acceptable) | | | | Supplemental Fee(s): \$88.75 for each year due this office. | | |
| 3125 Thornh Suite, Apt. #, Etc. | ill Koad | | | | Penalty Fee(s): \$500 for each ye | • | |
| City State Zip Code | | | | | partnership revoked on our rec | - | |
| Winter Have | n | | 1 —- 1 | | | | |
| 9. Pursuant to the provisions of section 620,1810 or 620,1909, Plorida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. | | | | | | | |
| SIGNATURE (Registered Agent Accepting Appointment) (REGISTERED AGENT MUST SIGN) DATE 12-13-2006 | | | | | | | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | | | |
| Address of Fech Congrai Partner | | | | | | 10a. | Registration |
| 10. Name(s) of Ge | aneral Partner(s) | (Do NOT Use Post O | | ├ | City, State and Zip Code | . 100. | Document Number |
| Lynn Hampto | ynn Hampton 3125 Thornhill Road Win | | | | ter Haven, FL 33880 | | |
| 2004-2006 | | | | | | | |
| | | | | | | | |
| | | | | | 12/19/06—01 0 55 | - <u>0</u> 04 | **3000.00 |
| Leigh Hampto | n | 3125 Thornh | ill Road | Wint | ter Haven, FL 33880 | | |
| | | | | | .,3000925 | 473 | 203 <u> </u> |
| | | | | | 12/13/0501055- | -UU5 | **5.75 |
| :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 lurnished and does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119. F.S. 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 12-13-2006 | | | | | | | |

_ Telephone Number _