

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A07317

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 12 AM 9:16

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08/19/03--01020--002 **423.75

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08/19/03--01020--001 **17.50

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A07317

1. Name of Limited Partnership
Carraway LTD.

2. Principal Office Address
2626 Mahan Drive

Suite, Apt. #, etc.
NA

City & State
Tallahassee, FL

Zip
32308

Country
Leon

3. Mailing Office Address
2626 Mahan Drive

Suite, Apt. #, etc.
NA

City & State
Tallahassee, FL

Zip
32308

Country
Leon

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number
591889855

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: \$500.00

7b. Amount of Capital Contributions in FLORIDA to date: \$500.00

8. Name and Address of Current Registered Agent

Name
F. Wilson Carraway Jr.

Street Address (P.O. Box Number is Not Acceptable)
2626 Mahan Drive

Suite, Apt. #, Etc.
NA

City
Tallahassee

State
FL

Zip Code
32308

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.
- 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)

F. Wilson Carraway Jr.

DATE 8-11-03

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

F. Wilson Carraway Jr.

3775 Greyfield Drive

Tallahassee, FL, 32311

REINSTATEMENT 2001-2003

MJC

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

F. Wilson Carraway Jr.

DATE 8-11-03

Typed or Printed Name of General Partner Signing Form

F. Wilson Carraway Jr.

Telephone Number

(850) 942-2626

CR2E038 (10/02)

A 07317

F. WILSON CARRAWAY JR
2626 MAHAN DRIVE
TALLAHASSEE, FLORIDA 32308
(850) 942-2626

August 11, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement of Carraway Ltd.

Dear Sir:

Enclosed is my completed application for reinstatement for subject Florida Ltd partnership.

The Uniform Business Report for 2001 was not received due to a change of residence and mailing address from 1704 Thomasville Rd., Box 119, Tallahassee to our new address 223 Rio Vista Drive, Sopchoppy, Florida. Due to the changes of address and the confusion during the move of our personal residence I was unable to follow through with our missing mail.

I respectfully request that the \$500 annual penalty fee be waived for this reinstatement application.

Sincerely,

F. Wilson Carraway Jr.