PLEASE REA	AL INSTRUCTIONS B	CALETING THIS FORM.
LIMITED PARTNERSHIP REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	FILED 2002 NOV 12 AM 9: 01
DOCUMENT # A 2217; 1. Name of Limited Partnership SPRING VALLEY CLUE	•	DIVISION OF CORPORATIONS FALLAHASSEF, FLORIDA
2. Principal Office Address 4307 VINELAND RD. Suite, Apt. #, etc. SUITE H-12 City & State DRLANDO FL Zip Country 32811 USA	3. Mailing Office Address 4307 VINELAND R Suite, Apt. #, etc. SUITE H-17 City & State DRLANDD FL Zip Country 32811 USA	5. FEI Number 59-2637527 Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status 7a. Capital Contributions as shown on Record: 100.00
ROBERT C. ROHOI Street Address (P.O. Box Number is Not Acceptable)	Current Registered Agent	FEES: 1.) Fiting 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.) Penelty Fee(s): \$500 penelty 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 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) DATE DATE DATE DATE O AGENERAL 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 Tocument Number		
SPRING VALLEY DEVELOPMENT, -INC	4307 VINELAND RD.	Uocument Number
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 11. If 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 processing and the section 119.07(3)(i) is the second that the second		

11. I do hereby c

Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied several 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 population as required by chapter 620, Florida Statutes. SIGNATURE

ROHDIE Typed or Printed Name of General Partner Signing Form ROBERT Telephone Number 407-650-1958