PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

							FIL	FI	ì	
LIMITED PARTNERSHIP REINSTATEMEN		FLORIDA DEPART Secretary DIVISION OF CO	of State	TE			AUG 20	AMERICAN MICHAEL		
DOCUMENT # A 3 / 738					SECRETARY OF STATE TALLAHASSEE, FLORIDA					
NAVARRE SQ	000108700530 08/28/0701018015 **5500.00									
2. Principal Office Address -	No P.O. Box #	3. Mailing Office Address								
4142 Carmichae	i	P. O. Box 230758			CR2E039 (1/07)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
					4. Date Formed of					
City & State		City & State			To Do Business In Florida					
Montgomery, A	L 36106	Montgomery, AL 36123-075			5. FEI Number 63–1073	3/16/1			Applie	d For pplicable
	untry	Zip Zip	Country	-	6.			\$2.75	Additional Fe	
	USA		USA		CERTIFICATE OF	STATU	S DESIRED		Certificate of	
8.	Name and Address of	urrent Registered Agent			7. FEES:					
Name					Filing Fee(s): \$411.25 for each year due this office.					
CT Corporation System					Supplemental Fee(s): \$88.75 for each year due this office.					
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.					
Suite, Apt. #, Etc.	X A \$500 pena	Ity is du	e for each y	rear or pai	t thereof the	entity's				
, ,	bertificate of auti circumstances w									
City Plantation		State Zip Code			By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.					
9. Pursuant to the provisions of section 620,1810 or 620,1909, Florida Statutes, I hereby accept the appoint					torad agent 1 am fam	ilina sudb	and accept t	ho obligate	no of Chiotor	620
Horida Slatitles.	жин аушж. ган ан	AMEN ANALY	ano accepi i		100	azo,				
SIGNATURE (Registered Agent A	SIGNI			DATE	$-\mathcal{U}$	\$]				
A GENERAL PA	RTNER THAT IS MUST		SIERED AGENT MUST S ON, LIMITED D AND ACTIV	PAR	TNERSHIP	OR C	THER E	BUSIN	ESS EN	TITY
10. Name(s) of Gonoral Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		<u> </u>	City, State and Zip Code			10a.	Registration Document No	
Ronald C. B	rown	2626 Winche	ster Road	Мс	ontgomery,	AL	36106			i
George H. O	wens	2932 Chestn	ut Street	Мс	ontgomery,	AL	36107			
Wilburn A. Smith, Jr.		2023 Normandie Drive		Мс	ontgomery,	AL	36111			
			R		KSTAT	<u> </u>	ENT	19	97-	20
Note: General par	tners MAY NOT I	be changed on th	is form; an am	endn	ent must be	filed	to chan	ge a ge	neral pa	rtner.
on this annual report is tru	bility of non-compliance with ue and accurate and that my:	this filing is voluntarily furnishe Chapter 119, F.S. in the event signature shall have the same by chapter 620, Florida Statute	that the information suppliegal effects as if made up	plied is d	eemed exempt from p	ublic acc	cess. I further o	centify that t	ne information is	ndicated

Typed or Printed Name of General Partner Signing Form Ronald C. Brown, President of Telephone Number 334/271-1135

SIGNATURE Roudd Cobsour Pres N.S. De