

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 16 AM 11:05

DOCUMENT #

1. Name of Limited Partnership

A31911
WALKER Family Limited Partnership

1700 N McMullan Booth Rd

2. Principal Office Address

Suite D3

Suite, Apt. #, etc.

Cleawata

City & State

FLA

Zip

33759

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33759

Country

8. Name and Address of Current Registered Agent

Name

DAVID R. WALKER

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

2114 MEADOW BROOK DR

Suite, Apt. #, Etc.

City

Cleawata

State

FL

Zip Code

33759

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)

[Signature]

DATE

11/9/00

**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**

DAVID R. WALKER

2114 MEADOW BROOK

Cleawata FL

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*****641.25 ****641.25*

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

[Signature]

DATE

11/9/00

Typed or Printed Name of General Partner Signing Form

DAVID R. WALKER

Telephone Number

327-661-7036

CR2E039 (11/99)