## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERS REINSTATEN	HIP (	FLORIDA DEPARTMENT OF STA Katherino Harris Secretary of State DIVISION OF CORPORATIONS	SECRETAR DIVISION OF (	LED Y OF STATE CORPORATIONS AM 11: 05	
DOCUMENT # A3 91)  1. Name of Limited Partnership  WALKEN Fam.ly Limited Portnership  1700 N McMullay Booth Rd  2. Principal Office Address  3. Mailing Office Address			RENSTATE	~ f	
1700 N	McMullay B	with Rd	HENDER		
2. Principal Office Address		3. Mailing Office Address  4. Date Formed or Registered To Do Business in Florida		8/26/1991	
Suite D3		Suite And # ato	5. FEI Number 59 30%	09 78   Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del>57 2184</del> 5	37 37775 Not Applicable	
City & State		City & State	CERTIFICATE OF STATUS DESIR	CERTIFICATE OF STATUS DESIRED for a Certificate of Status	
PIA			70. 0 a libel Co. 12 la Maria de altre		
Zip 7 C	Country	Zip Country	7a. Capital Contributions as show	n on Record.	
33759	usa	33759	<b>7b.</b> Amount of Capital Contributio	7b. Amount of Capital Contributions in FLORIDA to date:	
8. Name and Address of Current Registered Agent  Name  FEES:					
DAVIO / Street Address (P.O. Box	1. WANCEL  x Number is Not Acceptable)  1. CADOW BAC	State Zip Code FL 33.75	1.) Filing Fee(s): Computed at a rate in 7b, with a minimum filing fee o for each year due this office. 2.) Supplemental Fee(s): \$88.75 for with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee Note: If the amount entered in 77a, a supplemental affidavit mus	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	
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. Extract 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. Extract 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. Extract 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. Extract 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. Extract 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. Extract 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. For its section 620.192. In the obligation of section 620.1					
	MUST	BE REGISTERED AND ACTIV	/E WITH THIS OFFICE.  City, State and Zip Code	10a. Registration	
	R, WALKE	(Do NOT Use Post Office Box Numbers)  21(4 meap a Brat	CleanwAta RL 70000=	34964679 2/8001024006 541.25 ****641.25	
		be changed on this form; an am			
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 SIGNING Form DAVIO & WALKET Telephone Number 727-661 7036					
Typed or Printed Name of General Partner Signing Form					