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\*\*\*\*500.00 \*\*\*\*500.00

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED FLORIDA DEPARTMENT OF STATE Katherine Harris FILED **PARTNERSHIP** \*Secretary of State REINSTATEMENT 01 DEC -3 PM 5: 00 DIVISION OF CORPORATIONS upp SEGRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT#** 1. Name of Limited Partnership 5 LAW NEWLE SCHOENBORG FAMILY LIMITED PARTNERSHIP 2. Principal Office Address 3. Mailing Office Address 4. Date Formed or Registered POBOK 8460 To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 22-3200760 Not Applicable \$8.75 Additional Fee required for a Certificate of Status City & State City & State CERTIFICATE OF STATUS DESIRED LOYGBOAT S ARASOFA 7b. Amount of Capital Contributions in FLORIDA to date: 8. Name and Address of Current Registered Agent FFFS: LAWRENCE Sem ENBORD 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. Street Address (P.O. Box Number is Not Acceptable) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Suite, Apt. #, Etc. 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. LOYGBOAT FL 34228 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, Plyrida Statutes. CR2E039 (9/01) SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10. Name(s) of General Partner(s) Registration Document Number City, State and Zip Code 10a. J SUHAGNBORS 415 L'AMBIANE TRIVE N-3260760 LONGBORT (LOY FZ 34278 300004714123--6 -12/07/01--01036--001 \*\*\*\*528.25 \*\*\*\*526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

**SIGNATURE** 

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 curstee empowered to execute this report as required by chapter 620. Florida Statutes.

2062

Registration Section Division of Corporations State of Florida PO Box 6327 Tallahassee, FL 32314 FILED

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SECRETARY OF STATE
TALLAHASSEE, FEORIDA

October 29,2001

I am in receipt of your notice of revocation (document A9300000596. I do not believe that I have ever received either the original notice to pay or a second notice as I was informed on the telephone. I recognize that that seems incredible, it even seems that way to me! I am enclosing a separate check for the penalty but respectfully request that you not claim it. I am therefore sending a check for \$526.75 and a second for \$500. Sincerely yours,

Lawrence J. Schoenberg