


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT 2001-2 UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT 26 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # A94000000905							
1. Name of Limited Partnership FZX, LIMITED							
2. Principal Office Address 1388 NW 2ND AVE ST.5 Suite, Apt. #, etc. SUITE 5 City & State BOCA RATON, FL Zip 33432 Country USA		3. Mailing Office Address P.O. BOX 1825 Suite, Apt. #, etc. City & State EAST ELLIJAY GA Zip 30539 Country USA		4. Date Formed or Registered To Do Business in Florida 07/06/1994			
		5. FEI Number 65-0506735		<table border="1"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>		Applied For	Not Applicable
Applied For							
Not Applicable							
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status			
		7a. Capital Contributions as shown on Record: \$34,300.00					
		7b. Amount of Capital Contributions in FLORIDA to date:					
8. Name and Address of Current Registered Agent							
Name NANCY C LAYMAN Street Address (P.O. Box Number is Not Acceptable) 1388 NW 2ND AVE Suite, Apt. #, Etc. SUITE 5 City BOCA RATON State FL Zip Code 33432							
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) _____ DATE _____							
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			
LAYMAN, NANCY C		1388 NW 2ND AVE.		BOCA RATON FL 33432			
				300004670273--1 -11/07/01--01014--007 ****328.85 ****328.85			
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 _____		NANCY LAYMAN		DATE 10-19-01 561 395 4405			
Typed or Printed Name of General Partner Signing Form				Telephone Number			

CR2E039 (9/01)