901643 SECRETAIN OF CORPORATIONS REINSTATEMENT 200 03 OCT -9 PM 1:52 Principal Place of Business 6950 PHILIPS HIGHWAY Mailing Address 6950 PHILIPS HIGHWAY SUITE 6 SUITE 6 -JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address 1220 hinancial Wa 220 financia Suite, Apt. #, etc. **DUE BY MAY 1, 2003** rite 40l Applied For City & State City & State 4. FEI Number 59-3352194 acksonvill Not Applicable Country USA-Country \$8.75 Additional 5. Certificate of Status Desired 2256 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN; JOHN J S(P.O. Box Number is Not Asceptable) **6950 PHILIPS HIGHWAY** SUITE 6 JACKSONVILLE FL 32216 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed o 9. Capital Contributions \$187,184.00 10. Amount of Capital Contributions 11: MAKE CHECK PAYABLE TO FL. DEPT. OF STATE in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY V73143 DOCUMENT # STREET ADDRESS THE VAULT GROUP, INC. NAME 6950-PHILIPS HIGHWAY STREET ADDRES CITY-ST-ZIP JACKSONVILLE FL 32216-CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRE CITY-ST-71P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

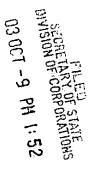
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## THE VAULT GROUP, INC.

7220 Financial Way, Suite 400 • Jacksonville, Florida 32256 (904) 296-8006 • Fax (904) 296-8164

October 8, 2003



Department of State Division of Corporations Corporate Filings Post Office Box 6327 Tallahassee, Florida 32314

Re: VAULT-Old Kings Partners, Ltd. - Document Number A95000001643

To Whom It May Concern:

Please be advised that the Uniform Business Report for the referenced partnership was not received in a timely fashion and therefore the partnership wishes to have the \$400.00 late fee abated. I have attached a copy of the UBR for your reference. I believe the Division is holding the check for the standard filing fee. We appreciate your assistance.

Sincerely,

Laura Henry Allen

LHA:vi

cc: Mr. John J. Allen