

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # A 9600000005 1. Name of Limited Partnership CRR FAMILY LIMITED PARTNERSHIP		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 MAY 27 AM 9:48 DO NOT WRITE IN THIS SPACE	
2. Mailing Address 631 South Orlando Avenue Suite, Apt. #, etc. Suite 100 City & State Winter Park, FL Zip 32789-7120 Country USA	3. Principal Office Address 631 South Orlando Avenue Suite, Apt. #, etc. Suite 100 City & State Winter Park, FL Zip 32789-7120 Country USA	4. Date Formed or Registered To Do Business in Florida 12/29/95	5. FEI Number See attached application Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8a. Capital Contributions as Shown on Record \$707,813.31		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Fee Addendum Fee required for a Certificate of Status.</small>	
8b. Amount of Capital Contributions in FLORIDA to date \$707,813.31		7. State or Country of Formation FL	
9. Name and Address of Current Registered Agent Gene Balliett 631 South Orlando Avenue Suite 100 Winter Park, FL 32789-7120		10. If changed, new registered agent/office Name Howard E. Balliett Street Address (P.O. Box Number Is Not Acceptable) 631 South Orlando Avenue Suite, Apt. #, etc. Suite 100 City Winter Park FL Zip Code 32789-7120	
10a. 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) <i>Howard E. Balliett</i> DATE 5/12/97			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Carl R. Robinson	985 Ninth Avenue, SW	Bessemer, Alabama 35023	A96000000005
REINSTATEMENT 97 R527 400002192824--3 -05/28/97--01030--002 ***1041.25 ***1041.25			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 <i>Carl R. Robinson</i> DATE 5/12/97 Typed or Printed Name of General Partner Signing Form CARL R. ROBINSON Telephone Number (205) 481-7320			

CR2E039 (1/97)