

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED
PARTNERSHIP
REINSTATEMENT**
LIBR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 12, 2002 8:00 A.M.
Secretary of State

DOCUMENT # A96000000468

1. Name of Limited Partnership

THE WILLIAM B. LAMBERT FAMILY LIMITED PARTNERSHIP

2. Principal Office Address

2207 Gulfshore Blvd. N.

Suite, Apt. #, etc.

D4

City & State

Naples, FL

Zip

34102

Country

Collier

3. Mailing Office Address

5147 Castello Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34103-8929

Country

Collier

**4. Date Formed or Registered
To Do Business in Florida**

5. FEI Number

65-0622599

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

7a. Capital Contributions as shown on Record:

2,500,000

7b. Amount of Capital Contributions in FLORIDA to date:

FEES:

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 and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

William B. Lambert

Street Address (P.O. Box Number is Not Acceptable)

2207 Gulfshore Blvd. N.

Suite, Apt. #, Etc.

D4

City

Naples

State

FL

Zip Code

34102

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

**10a. Registration
Document Number**

William B. Lambert, Trustee

2207 Gulfshore Blvd. N.

Naples, FL 34102

Evelyn K. Lambert, Trustee

2207 Gulfshore Blvd. N.

Naples, FL 34102

400008959264
11/13/02--01028--008 **535.00

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

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (10/02)

2072

**Girardin
Baldwin &
DiBenedetto**
Certified Public Accountants

5147 Castello Drive • Naples, Florida 34103-8929

(941) 262-8686 • (941) 262-7343 Fax

e-mail: gba@gba-cpa.com

November 1, 2002

FILED

2002 NOV 13 AM 9:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Lambert Family Limited Partnership
F.E.I. Number: 65-0622599

Gentlemen:

This letter is in response to your notice October 19, 2002 (copy enclosed). Enclosed is a check in the amount of \$535.00 in full payment of the annual business report fee in regards to the above referenced partnership.

The purpose of this letter is to respectfully request abatement of the late payment penalties that have been incurred in regard to this tax return. Mr. and Mrs. Lambert are elderly (80 and 78) and have been faced with significant medical problems during the year. Among the diagnosed problems are Parkinson's disease, and, what appears to be, the early stages of dementia. In particular the dementia Mr. Lambert may be experiencing has affected his ability to effectively gather necessary information for completion of an accurate tax return.

It should be noted that in the past, Mr. and Mrs. Lambert have always attempted to comply with the rules and regulations including proper payment of taxes and timely filing of all tax returns. Remedial steps have been taken by my firm in order to insure that future filings will be timely and future payments will be properly made.

Based on the fact that the problem was caused by medical problems and in light of the taxpayers past compliance, we respectfully request that the late payment penalties be abated.

If you have any questions or require any additional information, please do not hesitate to call.

Very truly yours,



Scott L. Baldwin, CPA

SLB:sp
Enclosures

slb/lamb1031