

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

**A9600000964**

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 JAN -8 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** A9600000964

**1. Name of Limited Partnership**

Great Exploration and Acquisition Land  
Company Limited 9/28/01

**2. Principal Office Address**

128 Vista Oak Drive

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

Longwood FL

**City & State**

**Zip**

32779

**Country**

USA

**Zip**

**Country**

**8. Name and Address of Current Registered Agent**

**Name**

Lori Dickerson

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

128 Vista Oak Drive

**Suite, Apt. #, Etc.**

**City**

Longwood

**State**

FL

**Zip Code**

32779

**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)**

*Lori R. Dickerson*

**DATE**

12/31/01

**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
Dickerson, Don R. Trustee	128 Vista Oak Drive	Longwood, FL	0000004778600--9
Dickerson, Lori R. Trustee	128 Vista Oak Drive	Longwood, FL	0000004778606--0
ADM-- 1,000.00			01/16/02--01072--004
AR 875.00			***1500.00 ***1500.00
ARSUPP 177.50			32779
2052.50			600004778606--0
			01/16/02--01072--005
			****552.50 ****552.50
			2001 2002

**REINSTATEMENT**

**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)(X), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(X) 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**

*Lori R. Dickerson*

**DATE**

12/31/01

**Typed or Printed Name of General Partner Signing Form**

Lori Dickerson

**Telephone Number**

407 805 8853

CR25039 (9/00)