

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE A96000002228		FILED 00 NOV 17 AM 9:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A96000002228					
1. Name of Limited Partnership THE ACKERMAN FAMILY LIMITED PARTNERSHIP, LLLP 9/29/00					
2. Principal Office Address 1240 FOX CREEK DRIVE SARASOTA, FL 34240 Suite, Apt. #, etc.		3. Mailing Office Address 1240 FOX CREEK DRIVE SARASOTA, FL 34240 Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida	
City & State		City & State		5. FEI Number 65-0714598 Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				7a. Capital Contributions as shown on Record: \$2,259,601.45	
Name MYERS, TROY H. JR.				7b. Amount of Capital Contributions in FLORIDA to date: \$2,259,601.45	
Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN STREET				FEES:	
Suite, Apt. #, Etc. --SUITE 600--				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.	
City	State	Zip Code	2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.		
SARASOTA	FL	34237	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.					
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 11-16-00	
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)		10a. Registration Document Number	
ROBERT H. ACKERMAN, TRUSTEE		1240 FOX-CREEK		SARASOTA, FL 34240	
Adm - 500.00				500003436485--3	
AR 437.50				-12/12/00--01024--012	
AR SUPP 88.75				***1026.25 ***1026.25	
\$ 1026.25				REINSTATEMENT 2000	
				(BR)	
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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 Robert H. Ackerman, Trustee, General Partner				DATE 11-16-00	
Typed or Printed Name of General Partner Signing Form ROBERT H. ACKERMAN				Telephone Number	

CR2E039 (11/99)