APPLICATION REINSTA Secretary of State DIVISION OF CORPORATIONS LIMITED PARTNERSHIP

	02467		99 DEC -8 AN			
1. Name of Limited Partnership Wooten Family Partnership, LTD				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	<u>-</u> -		DO NOT WRI	TE IN THIS SPACE.		
Mailing Address 3. Principal Office Address			4. Date Formed or Registered To Do Business in Florida	4, Date Formed or Registered To Do Business in Florida		
Star Route 121 Suite Apt # etc.	Star Route 121 Suite, Apt. #, etc.		5. FEI Number	12/16/96	Applied Fo	
*			65–0695551		 	
City & State Ochopee, FL	City & State Ochopee, FL		6.		Not 2	
Zip : Country USA	Zip 34141	Country	CERTIFICATE OF STATUS DES 7. State or Country of Formation	Florida		
8a. Capital Contributions as Shown on Record:	,	e(s): Computed at a rate of state for each year due this office	67 per \$1,000 on amount entered in 8b, with a mini		<u> </u>	
8b. Amount of Capital Contributions in FLORIDA to date:	3.) Penalty F	Fee(s): \$500 penalty fee for a tered in 8b is greater than a	n <u>year dye</u> this <u>office, beginning with 1992 calenda</u> each <u>year report form is delinquent</u> mount entered in 8a, a supplemental affidavit must		vith a separate and	
1,057,500 9 Name and Address of Current	egistered Agent		10. If changed, new registered	10. If changed, new registered agént/office		
	Name Thoma Street Address (P.C		oma E Hudain-	as F. Hudgins		
Thomas F. Hudgins			ess (P.O. Box Number is Not Acceptable)			
2150 Goodlette Road			O Golden Gate Parkway			
Naples, FL 34102	Suite, Apt. #, etc.		#315			
	City Nar		Innlea	les FL 34105		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or re	egistered agent, or both, in the	above-named limited partne State of Florida, Such chan		e State of Florida, sub		
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the of section 620.192, Florida Stat	above-named limited partne State of Florida, Such chan tutes.	rship organized or registered under the laws of th ge was authorized by its general partner(s). I here DATE	e State of Florida, subsets accept the appoin	brnits this stateme ntment of registere	
for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I	egistered agent, or both, in the of section 620. 192, Florida Stat	above-named limited partner State of Florida. Such chan tutes.	rship organized or registered under the laws of th ge was authorized by its general partner(s). I here DATE	e State of Florida, subsets accept the appoin	brilts this statement intrinent of registere	
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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.

yped or Printed Name of General Partner Signing Form S. Gene Wooten

Telephone Number 941 3695 - 2781