2001-2007. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED	
PARTNERSHIP	
REINSTATEMENT	•



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

SEGRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 18 PM 1:42

DOCUMENT#

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1. Name of Limited Partnership

The Frances Smith Family Limited Partnership

100004789551---0 -01/22/02--01113--024 ****526.25 *****526.25

				****526.25 ****526.25					
2. Principal Office Address	3. Mailing Office Address Same			4. Date Formed or Per	rictored				
1132 Palma sola Blvd.				4. Date Formed or Registered To Do Business in Florida 03/17/1997					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number 65–073949		Applied For Not Applicable			
City & State Bradenton , Fl.	City & State			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status					
34209 Country Manatee	- Zip	Country		7aCapital_Contribution	Ο 		·		
8. Name and Address of Current Registered Agent				7b. Amount of Carital Contributions in FLORIDA to date: 50.200					
Name Gayle W. Niebaum Street Address (P.O. Box Number is Not Acceptable) 1132 Palma Sola Blvd.				FEES: 1.) Filling 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.					
Suite, Apt. #, Etc.				Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.					
city Bradenton	radenton State Zip Code FL 34209				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.				
 Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of 	Jistered agent, of both, in the Sta	te of Florida. Such change	ship organi e was auth	ized or registered under the la orized by its general partner	aws of the Sta (s). I hereby a	te of Florida, sub scept the appoin	mits this statement Iment of registered		
SIGNATURE (Registered Agent Accepting Appointment)				DATE					
A GENERAL PARTNER THAT MUS	IS A CORPORAT T BE REGISTERE	ION, LIMITED D AND ACTIV	PART /E WI	TNERSHIP OR O	OTHER E.	BUSINES	S ENTITY		
10. Name(s) of General Partner(s)		n General Partner Office Box Numbers)		City, State and Zip Code	e	10a. _{Do}	Registration scument Number		
Ponald H. Niebaum	1132 Palma So	ola Blvd.	Bra	adenton , Fl.	34209				
Gayle W. Niebaum	1132 Palma So	ola Blvd.	Bra	adenton , Fl.	34209				
~					•	w	1/2/00		
•		noiled of	В.		FF	24	2.50 3.75		

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1 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.

Typed or Printed Name of General Partner Signing Form _____ Gaule (())

gayle W. Niebaum

11/27/01

2E039 (9/01)

John B. Conboy

Certified Public Accountant 56 North Main St. Fall River, MA 02720 (508) 673-2911

November 19, 2001

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

> Re: The Frances Smith Family Limited Partnership FID: 65-0739496 The Small Brothers Family Limited Partnership FID: 04-3465448 The FS Family Limited Partnership FID: 04-3465451

SEGRETARY OF STATE BIVISION OF CORPORATIONS

Gentlemen:

The above named taxpayers have received your Notices Dated 10/10/01 (Copy Enclosed) and offers the following explanation for their disagreement.

The taxpayers did not receive the Forms in time to file their returns on a timely basis.

The taxpayer hopes this explanation allows your office to remove this assessment. Thank You for your help with this matter, we would like this to be cleared up as soon as possible.

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Very Truly Yours,

John B. Conboy
Certified Public Accountant