

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT 2001-2002		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 SEP -6 PM 12:23	
DOCUMENT # A97000001324				200007660088--3 -09/11/02--01026--019 ***2052.50 ***2052.50	
1. Name of Limited Partnership RAO FAMILY PARTNERSHIP, LTD.					
2. Principal Office Address 503 W. Verona Street Suite, Apt. #, etc.		3. Mailing Office Address 503 W. Verona Street Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida June 17, 1997	
City & State Kissimmee, Florida		City & State Kissimmee, Florida		5. FEI Number 597074207 Applied For Not Applicable	
Zip 34741	Country USA	Zip 34741	Country USA	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 Name Rosemarie O'Shaughnessy Street Address (P.O. Box Number is Not Acceptable) 503 W. Verona Street Suite, Apt. #, Etc.				7a. Capital Contributions as shown on Record: \$990,000.00 7b. Amount of Capital Contributions in FLORIDA to date: \$990,000.00	
City Kissimmee		State FL	Zip Code 34741	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.	
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) <u>Rosemarie O'Shaughnessy</u> DATE August 30, 2002					
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) Rao Holdings, Inc., a Florida corporation		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4430 S. Orange Blossom Trail		City, State and Zip Code Kissimmee, Florida 34746	
				10a. Registration Document Number P97000041769	
REINSTATEMENT 2001-2002					
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 effect 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 <u>Rosemarie O'Shaughnessy</u> DATE August 30, 2002 Typed or Printed Name of General Partner Signing Form Rosemarie O'Shaughnessy, Vice President, of GP Telephone Number 407-847-6461					

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