

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP Annual Report 1998		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 98 MAY -6 AM 8:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A97000001974				DO NOT WRITE IN THIS SPACE	
1. Name of Limited Partnership Markham Family Limited Partnership GR-AR					
2. Mailing Address 58 Cayuga Rd.		3. Principal Office Address same		4. Date Formed or Registered To Do Business in Florida Sept 12, 1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-D785202	
City & State SEA Ranch Lakes		City & State		Applied For Not Applicable	
Zip 33308		Country Blowhard		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> St 75 Additional Fee required for a Certificate of Status	
8a. Capital Contributions as Shown on Record 300,000.00		8b. Amount of Capital Contributions in FLORIDA to date 100,000.00		7. State or Country of Formation Florida	
9. Name and Address of Current Registered Agent Brian C. Penlin Suite 200 334 Minoka Ave Coastal Groves Ala 33134				10. If changed, new registered agent/office Name NA Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. 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 _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11a. Registration Document Number	
SHARON R. MARKHAM - SAME AS ABOVE				400002521264--4 -05/13/98--01004--027 ****562.25 ****562.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 Sharon R. Markham DATE 4-22-98					
Typed or Printed Name of General Partner Signing Form SHARON R. MARKHAM Telephone Number 954-784-0128					

CR2E039 (12/97)

WILLIAM MARKHAM

4-22-48

②

Dear Sir;

We did not receive a copy of the
Renewal application from the Division.
Enclosed is the application for
re-insurement.

Thank you

W. Markham

P.S. Our Bank will be sending the
fee to you Directly - Thank -

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TALLAHASSEE, FLORIDA