PLEASE READ A	LL INSTRUCTIONS BEFOR	E COMPLETING THIS FO	DRM.		
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STA Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SECRETAI DIVISION OF	ILED RY OF STATE CORPORATIONS PMII:02		
DOCUMENT # A97-2325 1. Name of Limited Partnership JAMES R. LOWRY, SR FAMILY LIMITED PARTERSHIP			REINSTATEMENT 2000		
2. Principal Office Address 36 W, ILLIANA ST	3. Mailing Office Address	4. Date Formed or Registered To Do Business in Florida	P		
Suite, Apt. #, etc. City & State ORLANDO FL	Suite, Apt. #, etc. City & State	5. FEI Number 59-3478618 6. CERTIFICATE OF STATUS DESIRED	4\$8.75 Additional Eoo required		
Zip 32806 USA 8. Name and Address of Country	Zip Country Current Registered Agent	76. Amount of Capital Contributions as shown on 2, 475, 0		· <u> </u>	
Name JAMES R. LOWR SR Street Address (P.O.Box Number) Not Acceptable SR Suite, Apt. #, Etc. State City State Zip Code		 Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of \$5 for <u>each year due</u> this office. Supplemental Fee(s): \$88.75 for <u>each</u> with 1992 calendar year. Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b is 7a, a supplemental affidavit must be 	2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning		
 9. Pursuant to the provisions of sections 620.1051 and 620.11 for the purpose of changing its registered office or register agent. I am tamiliar with, and accept the obligations of sec SIGNATURE (Registered Agent Accepting Appointment)	ed agent, or both, in the State of Florida. Such change v tion 620.192, Florida Statutes.	o organized or registered under the laws of the State vas authorized by its general partner(s). I hereby acc	sept the appointment of registered	CR2E039 (9/00)	
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, LIMITED BE REGISTERED AND ACTIV	PARTNERSHIP OR OTHER E WITH THIS OFFICE.	BUSINESS ENTITY		
10. Name(s) of General Partner(s) JAMES R. LOWRY SR.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 825 CREFEB MURTHC CR	City, State and ZIp Code	10a. Registration Document Number A 97 000002325		
		5000034 ! -11/08/01 ***1035.	572656 01050011 00 ****1035.00	· · ·	
 Note: General partners MAY NOT b 1 do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S on this annual report is true and accurate and that my s trustee empowered to execute this report as required b 	s filing is voluntarily furnished and does not qualify for the ection 119.07(3)(i) in the event that the information supp ignature shall have the same legal effects as if made un	e exemption stated in Section 119.07(3)(i), Florida St lied is deemed exempt from public access. I (urther	atutes. I release the Division of certify that the information indicated	. 1	
SIGNATURE	as barry.	DATE	DOALL FLAL		
Typed or Printed Name of General Partner Signing Form	JAMES R/LOWRY		11284-5141		