CR2E039 (10/02)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPAR MENT OF STATE Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # R97000002771 1. Name of Limited Partnership			2005 IMY 18 P 1: 57	
MCS Investments, LTD		•	SECRETARY OF SYNTH TALLAMASSEE, TESTING	
2. Principal Office Address	·		4. Date Formed or Registered	
153 West I-65 Service Rd N.	153 West I-65 Service Rd N.		To Do Business in Florida	2/18/97
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number 63-1189905	Applied For Not Applicable
City & State Mobile AL	City & State Mobile AL		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
Zip Country	Zip Country		7a. Capital Contributions as shown	on Record:
36608 USA	36608 45A		7b. Amount of Capital Contributions in FLORIDA to date:	
8. Name and Address of Current Registered Agent			FEI	FS:
Street Address (P.O. Box Number is Not Acceptable) 10562 West Emernia Coast Parkway Suite, Apt. #, Etc. Suite 200			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 aach 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 definquent.	
City Sandestin	State Zip Co	de	Note: If the amount entered in 7b 7a, a supplemental affidavit must b 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 is neglistered 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 families with and accept the obligations of section 620.192, Florida Statutes. SIGNATURE received agent Accepting Appointment) DATE DATE				
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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number
MCS Investments General	153 West I-65 Service	c m	obile, AL 36608	P97000106349
Partner, Inc.	Road North		800054 8 05/20/0501003	372468 001 **706.25
	n	1777 118611		dec dec
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 guesti that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is use 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 600 florida Statutes. SIGNATURE DATE				
SIGNATURE DATE 4/8/05 Typed or Printed Name of General Partner Signing Form J. Roe Burton, President Telephone Number 251-341-5777				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 April 8, 2005

Re: MCS Investments, LTD
Limited Partnership Reinstatement

Dear Sir or Madam,

Enclosed please find a reinstatement application for MCS Investments, LTD, along with a check for \$706.25. The check covers the annual report fee for the years 2001-2005. We are requesting that you waive any penalties, as we have moved to a different address, and did not receive notification from 2001 forward.

Thank you in advance for your help.

Sincerely,

1. Roe Burton