A PARE READ	ALL INSTRUC	TONS O		SOM ENG	IIS OR	Ν.Δ.
) X4		
PARENERS P Secretary of State						
REINSTATEMENT DIVISION OF CORPORATIONS				02 NOV 20 AM 9: 52		
DOCUMENT # A98 000000 890				SECRETARY OF STAIL TALLENHASSEE, FLORIDA		
The RS Griffith Family Limited Partners				TALEAHASSEL, FLORIDA		
The KS Griffith H	em. ly Lim	il led lar	(11443			
2. Principal Office Address 14354 Dulcimer Ct	3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida $4/q/Q$		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For		
				6. Not Applicable		
City & State Or law da FI	City & State			CERTIFICATE OF STATUS DESIRED Status Section 2		
Zip Country	Zip -	Country		7a. Capital Contributions a		ecord:
32837-7097 L54				7b. Amount of Capital Contributions in FLORIDA to date:		
8. Name and Address of Current Registered Agent Name A			\$ 385Q565 FEES:			
Kichard S6 riffith, Sr Street Address (P.O. Box Number is Not Acceptable)				Filing Fee(s): Computed a in 7b, with a minimum filing	a rate of \$7 pe	er \$1,000 on amount entered and a maximum of \$437.50,
14354 Dulcimer C+ Suite, Apt. #, Etc.				for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.		
				Penalty Fee(s): \$500 pena Note: If the amount entere	d in 7b is great	ter than amount entered in
Or lando	State FL	Zip Code 32837-7	197	7a, a supplemental affidav and appropriate filing fee.	t must be subn	nitted along with a separate
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-narped 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 parage 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.						
	iction 620 002) Torida Statutes				10	Multon
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	S A CORPORAT	ION, LIMITED) PAR	RTNERSHIP OR OT	DATE Z	
10. Name(s) of General Partner(s)	BE REGISTERE Address of Each	ED AND ACTIVE General Partner	VE W	City, State and Zip Code		Da. Registration
1.00	<u> </u>	Office Box Numbers)				Document Number
NO HOLDINGS, 4	nc. 14354 Octo	incer ct	0,	-lando, 72 32		7000000
_				905003 11/20/02010	9112 66-408	569 **1035.00
						202
	REINSTATEMENT 202					
	III Command					11/25/11/8
Note: General partners MAY NOT I	e changed on th	is form: an am	endm	ent must be filed to	change :	a general partner
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 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 observer 620. Floring Statutes						
SIGNATURE / Col / Jou 2002						
Typed or Printed Name of General Partner Signing Form						