

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary \circ f State

DIVISION OF COF PORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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Telephone Number

DOCUMENT #

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1. Name of Limited Partnership

SIGNATURE

Typed or Printer: Name of General Partner Signing Form

The Kidman Family Limited Partnership No. 1

			9/29/	$l \infty$	1		
2. Principal Office Address		3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida		
543 Isleworth Close		543 Isleworth Close					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For		
		_			59-3555566	Not App	licable
City & State		City & State			CERTIFICATE OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status		
Tarpon Springs FL		Tarpon Springs FL			7a. Capital Contributions as shown on Record:		
Zip 34689	Country Pinellas	Zip 34689	Country		\$990.00	on record.	
J4009	THELIAS	34009	Pinellas		7b. Amount of Capital Contribution	in FLORIDA to date:	
	8. Name and Address	of Current Registered Ager	nt		\$990.00		واستوري
Forliz Street Address (P.O. 8o 2903 R Suite, Apt. #, Etc.			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.				
Suite, Apt. #, Etc.					3.) Penalty Fee(s): \$500 penalty fee for		-
City Safety Harbor FL			Zip Code 34695		Note: If the amount entered in 7b 7a, a supplemental affidavit must be and appropriate filing fee.		
for the purp (se of char agent, I am (amiliar with	nging its registered office or regi		c Florida Such change		zed or registered under the laws of the Sta orized by its general partner(s). I hereby a		
	PARTNER THAT				TNERSHIP OR OTHER		ΙΤΥ
10. Name(s) of G	ieneral Partner(s)	Address of Each (Do NOT Use Post C	Caneral Partner	<u>.</u>	City, State and Zip Code	10a. Registration Document Numb	:ier
Kidman Compa	ny	543 Islewor	th Close	Tar	oon Springs FL 34689		
					90004: - 05/11/ ****2	93669 0101003019 32.50 *****282.	-2 50
			20	00	-200/		
•					re		
Note: General	partners MAY NOT	be changed on thi	s form; an am	endm	ent must be filed to char	nge a general partn	ier.
Corporations from an on this annual report	ny liability of non-compliance with its true and accurate and that m	th Section 119.07(3)(i) in the even	hat the information sup all effects as if made up	plied is de	ion stated in Section 119.07(3)(i), Florida S semed exempt from public access. I furthe I further certify that I am a General Partner	r certify that the information indica	ated er or

2,019

April 19, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re The Kidman Family Limited Partnership #1

Dear Sir

In reviewing our corporate records it was brought to our attention that the Limited Partnership Annual Report for the year 2000 was not filed with the State of Florida. The mailing address was listed incorrectly and the registered agent had moved. Attached is our completed reinstatement form with the current correct information and our check for \$282.50 for both 2000 and 2001. We are thereby requesting a one-time waiver of any fees and or penalties due to this situation.

Thanking you in advance for the consideration on this matter

Sincerely

George K. Kidman 543 Isleworth Close

Tarpon Springs, Florida 34689

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