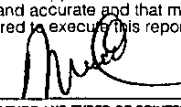


2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED

05 JUN 27 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000002176 1. Entity Name KWC FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 13014 N. DALE MABRY HWY STE 356 TAMPA, FL 33618			Mailing Address 13014 N. DALE MABRY HWY STE 356 TAMPA, FL 33618		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04222005 REIN-LP CR2E100 (6/04)	
4. FEI Number 59-3632550				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HODGES, GEOFFREY T 601 SOUTH HARBOUR ISLAND BLVD. STE 200 TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$576,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	600057346076	
STREET ADDRESS	13014 N. DALE MABRY HWY, SUITE 356		CITY-ST-ZIP	07/12/05--01037--007 **1000.00	
CITY-ST-ZIP	TAMPA, FL 33618		STREET ADDRESS	600057346076	
DOCUMENT #	NAME		CITY-ST-ZIP	07/12/05--01037--008 **1026.25	
STREET ADDRESS	13014 N. DALE MABRY HWY, SUITE 356		STREET ADDRESS	600057346076	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	07/12/05--01037--009 **26.25	
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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DOCUMENT #	NAME		CITY-ST-ZIP		
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DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			4/25/05 813-669-0245		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Kim M. SCHWENCKE			Date Daytime Phone #		

REINSTATEMENT 2004-2005

* STAPLE CHECK HERE