


2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A98000002847						FILED 04 OCT 27 PM 1:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name JSML MURPHY LIMITED PARTNERSHIP							
Principal Place of Business 165 LESLIE LANE LAKE MARY, FL 32746				Mailing Address 165 LESLIE LANE LAKE MARY, FL 32746			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MURPHY, JAMES B 165 LESLIE LANE LAKE MARY, FL 32746				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$2,990,792.00				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			
NAME	MURPHY, JAMES B			CITY-ST-ZIP	500042755535		
STREET ADDRESS	165 LESLIE LANE				11/15/04--11/17/04--2004 10:20:25		
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP			
DOCUMENT #	NAME			STREET ADDRESS			
NAME	MURPHY, JOAN T			CITY-ST-ZIP			
STREET ADDRESS	165 LESLIE LANE						
CITY-ST-ZIP	LAKE MARY, FL 32746			CITY-ST-ZIP			
DOCUMENT #	NAME			STREET ADDRESS			
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CITY-ST-ZIP				CITY-ST-ZIP			
REINSTATEMENT							
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: <i>James B. Murphy</i>				10/25/04 407-321-0227			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			

STAPLE CHECK HERE

JSML MURPHY LIMITED PARTNERSHIP

**165 Leslie Lane
Lake Mary, FL 32746**

October 22, 2004

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

Gentlemen:

Enclosed is a completed 2004 Limited Partnership Reinstatement Form with our check for \$1,026.25 (\$526.25 regular fee, plus \$500.00 penalty).

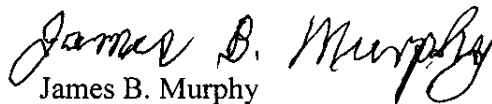
We ask that the penalty of \$500.00 be abated/refunded for the following reasons:

1. The original form was timely filed on March 1, 2004, with an incorrect payment. \$8.75 (the only amount on the face of the form) was sent with the form. The balance should have been billed to us instead of rejecting the form and payment.
2. Response to any previous correspondence was delayed because of the hurricanes and the hospitalization of the managing partner.

Therefore, we ask that the penalty be refunded.

Sincerely,

JSML Murphy Limited Partnership


James B. Murphy
Managing Partner