


A99000000934

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

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 01 DEC -3 PM 4:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A99000000934			
1. Name of Limited Partnership A99000000934 Thompson Family Holdings, Ltd.			
2. Principal Office Address 700 Wavecrest Drive Suite, Apt. #, etc. Unit 103 City & State Indialantic, FL Zip Country 32903		3. Mailing Office Address P.O. Box 4200 Suite, Apt. #, etc. City & State Indialantic, FL Zip Country 32903	
4. Date Formed or Registered To Do Business in Florida 5/28/1999		5. FEI Number 59-3583039	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$9.75 Additional Fee required for a Certificate of Status	
7a. Capital Contributions as shown on Record: 10,000,000.00		7b. Amount of Capital Contributions in FLORIDA to date: \$8,101,290.00	
8. Name and Address of Current Registered Agent Name: S. Ronald Thompson Street Address (P.O. Box Number is Not Acceptable): 700 Wavecrest Drive, Unit 103 Suite, Apt. #, Etc.: City: Indialantic State: FL Zip Code: 32903			
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 its registered office or registered 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 familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment): <i>S. Ronald Thompson</i> DATE: 11/13/01			
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) Thompson Family Management, Inc. BUS 8.75 ADM - 500.00 AR 437.50 W/SUPP 88.75 1035.00	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 700 Wavecrest Drive	City, State and Zip Code Indialantic, FL 32903	10a. Registration Document Number P99000049978 600004718926-5 -12/11/01--01059--01 ***1026.25 ***1026.25 600004718926-5 -12/11/01--01059--01 *****8.75 *****8.75 (MK) (CUS)
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 chapter 620, Florida Statutes.			
SIGNATURE: <i>Jennifer Thompson</i>		DATE: 11/13/01	
Typed or Printed Name of General Partner Signing Form: Jennifer Thompson, Secretary		Thompson Family Management, Inc. by Telephone Number: 404-705-6500	

CR2003 (9/00)