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Telephone Number

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENTS OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED OO DEC -1 AN II: O	7	
DOCUMENT# A 99-2269 1. Name of Limited Partnership Panuska Family Limited Partnership				SECRETARY OF SHARING	AC
•			REINSTATEN	TENT 2000	
2. Principal Office Address 155 Suncise Drive	3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For Not Applicable	
City & State	City & State			CERTIFICATE OF STATUS DESIRED Status Status Status	
Zip Country 32724 USA	Zip	Country	•	7a. Capital Contributions as shown on Record: し、ヒュリ、ヒリリ	
	Current Godietared Acen	rrent Panistered Agent		7b. Amount of Capital Contributions in FLORIDA to date:	
8. Name and Address of Current Registered Agent Name Robert T. Panuska Street Address (P.O. Box Number is Not Acceptable) 3 155 Sunnise Priva Suite, Apt. #, Etc.				FEES: 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. 3.) Renalty.Eee(s): \$500 penalty fee for each year report form is delinquent.	
City Eustis	State Zip Code FL 3272 4			Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
9. Pursuant to the provisions of sections 620,1051 and 620,105 Provide Statutes, the above tarried 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 630,192. Fibrida Statutes. SIGNATURE (Registered Agent Accepting Appointment)					
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)	Address of Each (Do NOT Use Post O			City, State and Zip Code	10a. Registration Document Number
Robert T. Panuska	755 Sun	rise Fr.	2	stis, FL 32Tale	A1450000221A
				4000035 -12/13/0 ***1026 `	001847 001088015 .25 ***1026.25
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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 his filling 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-confpliance with Seption 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 tour first 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 equired by chapter 620, Florida Statutes. SIGNATURE DATE DATE DATE DATE					

Typed or Printed Name of General Partner Signing Form