

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Section B. Matthews
Secretary of State
DIVISION OF CORPORATIONS

B960 00 000 185

FILED
98 MAY 29 PM 4: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B960 00 000 185

1. Name of Limited Partnership
MRR Systems, Limited Partnership

DO NOT WRITE IN THIS SPACE.

2. Mailing Address
SAME AS BOX 3

3. Principal Office Address
303 Peachtree Street
Suite 4100
Atlanta, Georgia
30308 USA

4. Date Formed or Registered
To Do Business in Florida May 22, 1996

5. FEI Number
58-2238511

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation GEORGIA

8a. Capital Contributions as Shown
on Record 5. Aff. Fed 524-58
1,460,000

8b. Amount of Capital Contributions in
FLORIDA to date
\$1,460,000

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, 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.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
CF Corporation
1200 South Pine Island Road
Plantation Florida, 33324

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. 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) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
MRR, LLC	303 Peachtree Street, N.E., Suite 4100	Atlanta, Ga., 30308	M96 000 000 181

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-05/29/98--01062--004
***3172.50 ***2052.50

REINSTATEMENT 07-98-
OK

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 James C. Richards
Typed or Printed Name of General Partner Signing Form James C. Richards
DATE 5/13/98
Telephone Number 404-572-7270

CR2E039 (12/97)