

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 FEB 12 PM 1:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **B96000000496**

1. Name of Limited Partnership  
**BAUCOM'S REAL ESTATE LIMITED PARTNERSHIP**

2. Principal Office Address  
**10020 JOHN RUSSELL ROAD**

Suite, Apt. #, etc.

City & State  
**CHARLOTTE, N.C.**

Zip  
**28213**

Country  
**USA**

3. Mailing Office Address  
**P O BOX 560008**

Suite, Apt. #, etc.

City & State  
**CHARLOTTE, N.C.**

Zip  
**28256-0008**

Country  
**USA**

4. Date Formed or Registered  
To Do Business in Florida **12/26/96**

5. FEI Number  
**56-1962725**

Applied For  
Not Applicable

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

7a. Capital Contributions as shown on Record:  
**515,400**

7b. Amount of Capital Contributions in FLORIDA to date:  
**200,400**

**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.) Penalty Fee(s): \$500 penalty fee for **each year report form is delinquent**.
- 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.

8. Name and Address of Current Registered Agent

Name **BAUCOM'S NURSERY COMPANY**  
**DBA/BAUCOM'S OF FLORIDA/ATTN: CHARLES LUBBERS**

Street Address (P.O. Box Number is Not Acceptable)

**300 BRITT ROAD**

Suite, Apt. #, Etc.

City  
**MT. DORA, FL 32757**

State  
**FL**

Zip Code  
**32757**

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)

*Charles P. Lubbers*

DATE **2-10-03**

**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 General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
GARY C. BAUCOM	10020 JOHN RUSSELL RD.	CHARLOTTE, N.C 28213	000012638280 02/18/03--01044--008 **1578.75

**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

*Gary C. Baucum*

DATE **2/6/03**

Typed or Printed Name of General Partner Signing Form **GARY C. BAUCOM**

Telephone Number **704-596-3220**

CR2E039 (10/02)



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

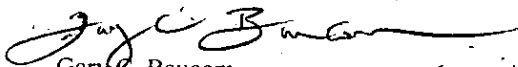
February 6, 2003

Florida Department of State  
Secretary of State  
Division of Corporations

Dear Sirs:

I am enclosing the Limited Partnership Reinstatement form and the Certificate of Amendment changing the general partner. I am also enclosing 2 checks for the filing fees. However, I have not included penalties for the years not filed as your office has the forms for 2001, 2002, and 2003 returned as undeliverable. Your cooperation in waiving the penalties would be greatly appreciated.

Respectfully,  
Baucom's Real Estate Limited Partner

  
Gary C. Baucom  
General Partner

10020 John Russell Road

Post Office Box 560008

Charlotte, North Carolina 28256-0008

704-596-3220 PHONE

704-597-9401 FAX