

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP RENEWAL		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 JAN -8 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> B98-723					
<b>1. Name of Limited Partnership</b> Marilyn O. Kurtz, Family, L.P.					
<b>2. Principal Office Address</b> 4948 North Westhaven Dr.		<b>3. Mailing Office Address</b> 4948 North Westhaven Dr.		<b>4. Date Formed or Registered To Do Business in Florida</b> 12/24/1998	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		<b>5. FEI Number</b> 64-0881724 Applied For Not Applicable	
City & State Jackson, Mississippi		City & State Jackson, Mississippi		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 39209	Country USA	Zip 39209	Country USA	<b>7a. Capital Contributions as shown on Record:</b> \$95,000	
<b>8. Name and Address of Current Registered Agent</b>				<b>7b. Amount of Capital Contributions in FLORIDA to date:</b> \$95,000	
Name CT Corporation System				<b>FEES:</b>	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road				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.	
Suite, Apt. #, Etc.				2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.	
City Plantation	State FL	Zip Code 33324		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.					
<b>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.</b>					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>10. Name(s) of General Partner(s)</b>		<b>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>		<b>City, State and Zip Code</b>	
Kurtz, Marilyn O.		4948 North Westhaven Dr.		Jackson, MS 39209	
Kurtz, Frank Paul		2390 Parsons Road		Raymond, MS 39154	
Kurtz, Lawrence A.		2388 Parsons Road		Raymond, MS 39154	
<b>10a. Registration Document Number</b>		500003531045--2			
		-01/10/01--01030--009			
		***1026.25 ***1026.25			

**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 Lawrence A. Kurtz DATE 12-11-00  
Typed or Printed Name of General Partner Signing Form Lawrence A. Kurtz Telephone Number 601-922-2651