


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT
UBR 2002-2003

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 23 PM 3:12

10/2
9/23

DOCUMENT # L00000006578

1. Limited Liability Company's Name

Roberts Family Partners, LLC

200021390022
07/08/03--01046--011 **50.00

200021390022
07/08/03--01046--010 **50.00

2. Principal Office Address 800 North Calhoun Street Suite, Apt. #, etc. City & State Tallahassee, FL Zip 32303		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country US	
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4. State/Country of Formation Florida, Leon County	
5. Date Organized or Qualified To Do Business in Florida 6-7-2000	
6. FEI Number 59-3693465	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name C. Patrick Roberts	
Street Address (P.O. Box Number is Not Acceptable) 800 North Calhoun Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
	Zip Code 32303

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent



Date 5/23/03

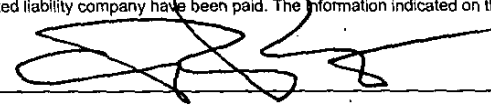
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	C. Patrick Roberts	800 North Calhoun Street	Tallahassee, FL 32303

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager



Date 5/23/03

Daytime Phone# 850-681-6444

Typed or printed name of signing Managing Member/Manager C. Patrick Roberts

CR2E041 (10/02)

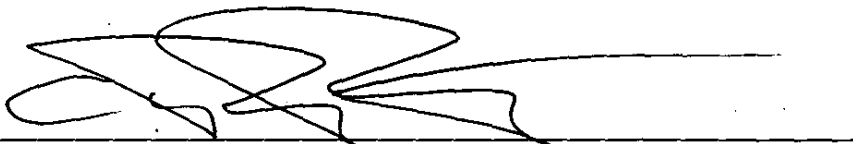
TO: FL DEPT. OF STATE
FROM: C. PATRICK ROBERTS
DATE: MAY 23, 2003
RE: LLC RE-INSTATEMENT

**I did not receive last year's renewal forms due to an incorrect address.
The correct address is:**

**Roberts Family Partners, LLC
800 N. Calhoun Street
Tallahassee, FL 32303**

FEI Number 59-3693465

Contact me if you need further information. Thank you.



**C. Patrick Roberts
(850) 681-6444 office
(850) 212-5511 cell**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 23 PM 3:12**