303-283-4101

__ Telephone Number _

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.								
LIMITED PARTNERS REINSTATEM	HIP I	Secretai	TMENT OF STA ne Harris ry of State corporations	ATE	DIVISION O	FILED ARY OF STATE F CORPORATION 6 PM 2: 1	1 /	
DOCUMENT # A0000001910 1. Name of Limited Partnership SHLP Village at Lake Highland, Ltd. 2001 2002					5/2/ 6000056095569 -05/24/0201020007 ***1282.50 ***1282.50			
2. Principal Office Address 3201 S. Tamarac Drive Suite, Apt. #, etc. Suite 200 City & State		3. Mailing Office Address Attn: Angie Martinez Suite, Apt. #, etc. 3201 S. Tamarac Dr., #200 City & State			4. Date Formed or Registered To Do Business in Florida 5. FEI Number 84 - 1585829 6. CERTIFICATE OF STATUS DES	12/13/2000	Applied For Not Applicable Iditional Fee required criticate of Status	
Denver, CO Zip 80231	Country 8. Name and Address of	Denver, CO Zip 80231	Country		7a. Capital Contributions as shown on Record: 50.00 7b. Amount of Capital Contributions in FLORIDA to date: 50.00			
Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL 32301 9. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organ for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was auth agent. Fam familiar with, and accept the obligations of section 620 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment)				nip organiz was autho	1.) Filling 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. ized or registered under the laws of the State of Florida, submits this statement orized by its general partner(s). I hereby accept the appointment of registered			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
Name(s) of G SHLP Lake High	eneral Partner(s)	Address of Each	n General Partner Office Box Numbers)		City. State and Zip Code	10a. _D	Registration occument Number	
		PENS	TATEN	EN'	2001- 2002			
Note: C								
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 11. Ldo 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 on-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 See attached								

Typed or Printed Name of General Partner Signing Form _

SHLP Village at Lake Highland, Ltd., a Florida limited partnership

By: SHLP Lake Highland, LLC, a Florida limited partnership, general partner

By:

Marc Pinto, Manager

SECRETARY OF PH 2: 15