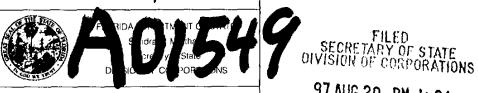
APPLICATION FOR REINSTATEMENT FOR

LIMITED PARTNERSHIP



DOCUMENT # 1. Name of Limited Partnership AU1549			97 AUG 20	PM 1: 01		
EAST GREEN HILLS APARTMENTS, LTD.						
7/2/1/10			₩ DO NOT WR	DO NOT WRITE IN THIS SPACE.		
2. Mailing Address 3. Principal Office Address			4. Date Formed or Registered To Do Business in Florida	7/23/71		
17842 SW 107 Avenue 17842 S.W. 107 Av Suite, Apt. #, etc. Suite, Apt. # etc		enue	5. FEI Number		Applied For	
#25 #25 City & State City & State			31-6117227		Nol Applicable	
Miami, Florida	Miami, Florida		6. CERTIFICATE OF STATUS DES		tional Fee required	
33157 Country DADE	33157 Country		7. Stale or Country of Formation		Idirate of Status	
Re Capital Contributions as Shown	FFEO			FLORIDA		
350 000 \$437.50, for each year due this office.						
Rh Amount of Capital Contributions in 3.) Penalty Fee(s): \$500 per			103.75 for <u>each year due</u> this office, beginning with 1992 calendar year. enally fee for <u>each year report form is delinquent.</u>			
*350,000	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			10. If changed, new registere	10. If changed, new registered agent/office		
4			LUIS M. GONZALEZ			
Street			Street Address (P.O. Box Number Is Not Acceptable) 9901 S.W. 70 Avenue			
Suri			e. Apt. #, etc.			
	•		Miami, FLORIDA FL Zip Code 33156			
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 (Hegistered Agent Accepting Appointment) (see below) DATE						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY						
· · · · · · · · · · · · · · · · · · ·	Address of Each General Pa		WITH THIS OFFICE.	Tag P	egistration	
11. Names of General Partner(s)	(Do NOT Use Post Office Box N		City, State and Zip Code		ment Number	
KANKO DEVELOPMENT CORP. CORPORATION	17842 S.W. 107 A Suite 25	venue	Miami, Florida 3315	315560)	
1 to 693 75			300002: -08/22 **164	74 913 79 - 01080 13. 75 **16	39 001 6443.75	
ADM - 15,893.75 REINSTEMENT 1980-1997						
No 4100" 0 75	Ì	1	(BKO)	Ì	1	

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 quality for the exemp	ption 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	
	this annual report is true and accurate and that my signature shell have the same legal effects as if made under oath. If	further certify that I am a General Partner of the limited partnership, receiver or trustee.
	empowered to execute this report as required by chapter 621 Florida Statutes.	
SIG	ENATURE Tour M. Hour of.	DATE 8/18/97
_	s or Printed Name of General Partner Signing Form LUIS M. GONZALEZ, PRESIDENT	R . A Telephone Number

CR2E039 (1/97)