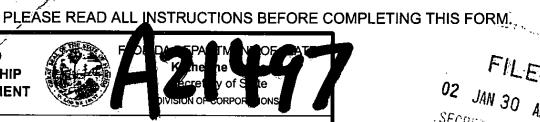
LIMITED PARTNERSHIP



DOCL	IMENT	· #	A21	497

Name of Limited Partnership

REINSTATEMENT

CURRY FORD ASSOCIATES LIMITED PARTNERSHIP

			11/2/96			
2. Principal Office Address World Trade Center		3. Mailing Office Address World Trade Center		4. Date Formed or Registered		
				To Do Business in Florida 12/16/1985		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number	Applied For	
Suite 900		Suite 900		54-1345816	Not Applicable	
City & State		City & State		CERTIFICATE OF STATUS DESIRED (2) \$8.75 Additional Fee require for a Certificate of Status		
Norfolk, VA		Norfolk, VA		7a. Capital Contributions as shown on Rec	ord:	
Zip	Country	Zip 23510	Country	\$1,055,033.00		
23510	23510			7b. Amount of Capital Contributions in FLORIDA to date:		
8. Name and Address of Current Registered Agent				\$1.055.033.00		
Name				FEES:		
CT Corporation				1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered		
Street Address (P.O.	Box Number is Not Acceptable)			in 7b, with a minimum filing fee of \$52.50 a for each year due this office.	ing a maximum of \$437.50,	
1200 S. Pine Island Road			2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning			
Suite, Apt. #, Etc.				with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each.	waar ranget form is deligauent	
				Note: If the amount entered in 7b is greate		
City		State	Zíp Code	7a, a supplemental affidavit must be submitted along with a separate		
Plantatio	n	<u> FL</u>	33324	and appropriate filing fee.		

Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized and every distribution 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 autitized 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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration 10a. 10. City, State and Zip Code Name(s) of General Partner(s) Document Number P08417 Norfolk, VA 23510 World Trade Center Goodman Segar Hogan of Suite 900 Orlando, Inc.

700004379567---02/05/02--01032--005 ***71B3.75 ***7183.7

RENSTATEMENT 1996-2002

MUSWI) 4	. 40
	71	<u>~</u> &3	.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exertigm 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 deethexempt 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. Ither 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

Matt Birdsall, Vice President of General Partner

Telephone Number

Typed or Printed Name of General Partner Signing Form

We