REPLICATION FOR REINSTATEMENT **FOR** 



FLORIDA DEPARTMENT OF STATE

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DOCUMENT # A	96000000389
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this annual report is true and accurate and that my signature shall have the same this report as required by chapter

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

1. Name of Limited Partnership BABCOCK PROPERTIES, LTD.

4/16/99					DO NOT WRITE IN THIS SPACE.					
2. Mailing Address P.O. Box 4973		3. Principal Office Address 13698 Bromley Pointe Dr		Dr.	4. Date Formed or Registered To Do Business in Florida 2/27/96					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Applied For			
Orlando, FL 32802-4973		City & State Jacksonville Beach, FL		FL	6. S8.75 Additional Fee req					
Zip Country USA		Ζip 32225	Country USA		7. State or Country of Formation Florida					
8a. Capital Contributions as Shown on Record.  200,000,000		FIEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a ma \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$103.75 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separa appropriate filing fee.								
9. N	ame and Address of Current Re	gistered Agent	10 100		10. If changed, new re	egistered ag	enVoffice			
B&C Corpora 390 N.Orang	te Services of the Ave., Ste. 11	Central Florida, Indiane								
	orida 32801	Sileet Address			s (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, et			<u> </u>			Zip Code		
	sions of sections 620,1051 and 62		City				FL			
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 lamiliar 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.										
11. Names of Genera	ıl Partner(s)	Address of Each (Do NOT Use Post C			City, State and Zip Code	İ	11a.		stration int Number	
Dorscher Pr	operties, Inc.	13698 Bormle	y Pointe l	Or Jacks 3222	sonville Beach 5	, FL	P9400	00061	144	
Murdock Cir Inc.	cle Development	2325 Ulmerto	n Road	Clea	rwater, FL 346	22	P9600	00029	778	
	REMSTAT	EMENT_	1999-2	000	· h/<					
	<u>-</u>		M)		8000	031	100	)98 	37	
	artners MAY NOT b									
12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of										

Corporations from any liaphity of non-compliance with Section 119.07(3)(k) in the great that the information supplied is deemed exempt from public access. I further certify that the information indicated on

Bob Alligood, President of Dorscher Properties, Inc. 904/220-8970