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APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP	FLORIDA DEPARTMENT OF STATI Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED		
DOCUMENT # A96000002039				99 AUG 16 - AM - 9: 44		
1. Name of Limited Partnership				SCORETARY OF SEARCH FALLAHASSEE, FLORIDA		
T.T. Ventura Associats, LTD.				DO NOT WRITE IN THIS SPACE		
Main Pries & Dlace.	3. Frincipal Office Address			4. Date Formed or Registered To Do Business in Florida		
PARTICIPATION SILAFA	Suite, Apt. #. etc.	<b>A1111</b>		5. FEI Number	-tototet	Applied For
Wastaton Dotony To	City & State	· · · · · · · · · · · · · · · · · · ·		65-071088	52 <u> </u>	Not Applicable
Zip County	Zip Country			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
33487 USA				7. State or Country of Formation		
FEES: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 maximum of \$437.50, for each year due this office.  8b. Amount of Capital Contributions in FLORIDA to date.  Note: Penalty Fee(s): \$500 penalty fee for each year report form is definitioned.  10 Name and Address of Current Registered Agent.  10 If changed, new registered agent/office.						
Nessa B. Marlen . E.	20	Name	ral	. Unure		
One Park Dave	£.	Str		Number (1907) Acceptable		
621 NW 58rd Street, SOL	ir 460	\$ 52	" etcNM	53RDSTYLLT	, Suitc	450
BOCCA ROLLON, FU 334	87		mai	<i>faton</i>	FL 25	3487
10a. Pursuant to the provisions of sections 620 1051 and 620 105. 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 of 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 (Registered Agent Accepting Appointment)	A COPPORATION	N LIMITER	DADTA	EDCHID OD OTHER	5/10/	77
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
11. Names of General Partner(s)	Address of Each G (Do NOT Use Post Offi			City, State and Zip Code		Registration ument Number
TT. Ventura, Inc	621 NW 53	RO St. #450	Boo	2 RATON, FL 33487	P960	)198800X
REINSTAT	EMENT_	99 4		& CONTRACTOR	#9199 /990101 /6, 25 ***	4- ooo l

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes T release the Division of Corporations from any labelity of non-compliance with Section 119 07(3)(k) 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 sinnature shall have the same legal effects as if made under oath 1 further certify that I am a General Partner of the limited partnership receiver or trustee empowered to executify this report as required by chapter R20.5 and Statute.

Telephone Number

IRA. L. Young

Typed or Printed Name of General Partner Signing Form