PLEASE READ ALL INSTRUCTIONS BEFORE C	(1112)
PARENS ATEM NT FLOR DA DEPARENT DE SUTEMBLE CON BRATIONS	FILED 0. NOV 20 PM 1: 45 SECRETARY OF STATE TALL AHASSEE, FLORIDA
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Telephone Number (310) 772-6000

REAS ATEM NT ISION CON GRATIONS				Ų.	SECRETARY OF STATE TALL AHASSEE, FLORIDA				
DOCUMENT 1. Name of Limited Part	「# A 9700000001 tnership	58			1952 C (511) (5	.1 (/ 1.1)	i ti Every	u n	
GRAND SAVANNAH CLUB, LTD. Document Number: A9700000158					Lasiaie	W.		71	112
2. Principal Office Address c/o AIG SunAmerica Inc. 1 SunAmerica Center Suite, Apt. #, etc.		3. Mailing Office Address c/o AIG SunAmerica Inc. 1 SunAmerica Center Suite, Apt. #, etc.			 4. Date Formed or Register To Do Business in Florid 5. FEI Number 59-3428317 6. 	red la J	anuary	App Not	1997 plied For t Applicable
City & State City & State Los Angeles, CA Los Angeles Zip Country Zip		Los Angel	Angeles, CA Country		CERTIFICATE OF STATUS DESIRED 38.75 Additional Fee requires for a Certificate of Status 7a. Capital Contributions as shown on Record: \$5,659,580.00				
90067-6022	USA	90067-6022	USA		7b. Amount of Capital Contr	ibutions	in FLORIDA	to date:	
Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City State Zip Code			FEES: 1.) Filing 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						
Tallahas		FL	32301		and appropriate filing fee.				
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. Jeanine Reynolds DATE DODG									egistered
10. Name(s) of Ge	eneral Partner(s)	Address of Each (Do NOT Use Post O	General Partner		City, State and Zip Code		10a.	Registra Document	
Grand Savanna	h SAHP Corp.	c/o AIG SunAmer	nerica Inc.	Los	s Angeles, CA 90067-6022 6000	91	242	26	
Note: General p	partners MAY NOT	he changed on thi	e form: an ame	endme	ent must be filed to	chan	20 2 Ge	noral n	ortnor
11. I do hereby certify that Corporations from any	at the information supplied with the information supplied with the information supplied with the information and the information are information and information and information are information and information and information are information and information and information are information are information and information are informati	his filing is voluntarily furnished a Section 119.07(3)(i) in the event	ind does not qualify for the	e exempti olied is de	on stated in Section 119.07(3)(i), Femed exempt from public access. I further certify that I am a General	lorida Sta I further o Partner o	atutes. I releas	se the Division information partnership, r	on of
JIGHT TO TIE	/ (44/)				DATE	<u> </u>	_/_/		

SIGNATURE

Typed or Printed Name of General Partner Signing Form Michael L. Fowler, President



ACCOUNT NO. : 072100000032

REFERENCE

4319383

AUTHORIZATION

COST LIMIT : \$ 1,035.00

824650

ORDER DATE: November 18, 2002

ORDER TIME : 2:19 PM

ORDER NO. : 824650-005

CUSTOMER NO: 4319383

CUSTOMER: Ms. Vivian F. Munoz

Sunamerica, Inc. 1 Sunamerica Center

Century City

Los Angeles, CA 90067

DOMESTIC FILINGS

NAME: GRAND SAVANNAH CLUB, LTD.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS