

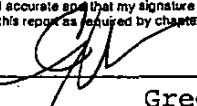


B9500000274

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 FEB 21 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Name of Limited Partnership ACRON DAYTONA LIMITED PARTNERSHIP 05			
2. Principal Office Address 1516 South Boston Suite, Apt. #, etc. Suite 215 City & State Tulsa, Oklahoma Zip 74119 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State City & State Zip Country	
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301		4. Date Formed or Registered To Do Business in Florida August 1, 1995 5. FEI Number 73-1476526 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records	
9. Pursuant to the provisions of section 620.1810 or 620.1809, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)  Jeanine Reynolds DATE 2-27-06 (REGISTERED AGENT MUST SIGN) as its agent			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Acron Daytona, L.L.C.	1516 South Boston Suite 215	Tulsa, OK 74119	M04000002312 7000068099937 03/20/06--01017--029 **2008.75
REINSTATEMENT 2005-2006			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 signature shall have the same legal effects as if made under oath. I further 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 		DATE 2/22/06	
Typed or Printed Name of General Partner Signing Form Greg W. Wilson		Telephone Number 918-587-9901	