PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERS REINSTATEN 1995-200	HIP IENT	FLORIDA DEPARTMENT OF STA Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STALLAHASSEE, FL		
DOCUMENT # A31880 1. Name of Limited Partnership					
Golf Terrace Investment Company, a 1997-Limited Partnership 2002			97 50000-3 -04/03/ 202 ***264	5000051892953 -04/03/0201038031 ***2640.00 ****2640.00	
2. Principal Office Address		3. Mailing Office Address	4. Date Formed or Registered		
5831 Cedar Lake Road		5831 Cedar Lake Road To Do Business in Florida August 16,		igust 16, 1991	
ና 'e, Apt. #, etc.		Suite, Apt. #, etc.	5. FEI Number 411495456	411495456 Not Applicable	
Cit & State		City & State	CERTIFICATE OF STATUS DESIRED	CERTIFICATE OF STATUS DESIRED X 58.75 Additional Fee required for a Certificate of Status	
Minneapolis, MN		Minneapolis, MN 7a. Capital Contributions as shown on Record:		and the same of th	
^{Zip} 55416	Country USA	Zip Country USA	258,000.00		
8. Name and Address of Current Registered Agent			258,000.00	* · · · · · · · · · · · · · · · · · · ·	
Name			FEE	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 dug this office. 2.) Supplemental Fee(s): \$88.75 for each year dug this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.	
Dan Devereaux Street Address (P.O. Box Number is Not Acceptable)			in 7b, with a minimum filing fee of \$5		
5625 Forest Haven Circle			2.) Supplemental Fee(s): \$88.75 for each		
Suite, Apt. #, Etc.			•		
City Tampa		State Zip Code FL 33615	Note: If the amount entered in 7b is	Note: if the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
9. 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 polit, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620.193. Florida Statutes. DATE 2 - 28 - 02 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 G	eneral Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
Bartram, Irene S.		5831 Cedar Lake Road	Minneapolis, MN 55416	м9900000097	
			500005	189295	
REINSTATEMENT 2002			***35;	702==01038==032=1== 26.25 ***3526.29	
Committee and		•	AL		
			المهمينية المهاليات هوية الما بيناه النبوار التا المستندة الما الد		
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 filling is voluntarily furnished and does not qualify for the exemption 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 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 June & Same Caril Partner DATE 5-25-62					
Typed or Printed Name of General Partner Signing Form Irene S. Bartram, General Partner Telephone Number (952) 525-2000					