

APPLICATION FOR <del>REINSTATEMENT</del> FOR <del>LIMITED PARTNERSHIP</del>		FLORIDA DEPARTMENT OF STATE Kathleen G. Lyons Secretary of State DIVISION OF CORPORATIONS		FILED 20 AUG 11 AM 8:42 TALLAHASSEE, FLORIDA	
DOCUMENT # <b>A01210</b>				DO NOT WRITE IN THIS SPACE	
1. Name of Limited Partnership <b>Rensacola Associates</b>					
2. Mailing Address <b>2690 Crooks Rd. Suite 400 Troy, MI 48084 U.S.A.</b>		3. Principal Office Address <b>2690 Crooks Rd. Suite 400 Troy, MI 48084 U.S.A.</b>		4. Date Formed or Registered To Do Business in Florida <b>11/30/1970</b>	
				5. FEI Number <b>38-6169706</b>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation <b>MI</b>	
8a. Capital Contributions as Shown on Record <b>\$293,221.00</b>		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. 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date:					
9. Name and Address of Current Registered Agent				10. If changed, new registered agent/office <b>FF #526.25</b>	
				Name <b>Tom Rodgers</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>1101 Gulf Breeze Parkway Box #188</b>	
				Suite, Apt. #, etc. <b>Suite 120</b>	
				City <b>Gulf Breeze</b>	
				Zip Code <b>FL 32561</b>	
10a. 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.					
SIGNATURE (Registered Agent Accepting Appointment) <b>Tom Rodgers</b> DATE <b>5/27/99</b>					
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 General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
Robert B. Aikens		2690 Crooks Road Suite 400		Troy, MI 48084	
William R. Aikens		2690 Crooks Road Suite 400		Troy, MI	
				7000002892507--4 -07/13/99--01005--001 ****136.25 ****136.25	
				7000002892507--4 -08/10/99--01020--001 ****337.50 ****337.50	
				7000002892507--4 -06/02/99--01052--002 ****105.00 ****52.50	
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 filing 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 liability 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 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 <b>Robert B. Aikens</b> DATE <b>May 25, 1999</b>					
Typed or Printed Name of General Partner Signing Form <b>Robert B. Aikens</b> Telephone Number <b>248-362-1370</b>					