

APPLICATION FOR RESTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED AUG 11 AM 8:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A01513 1. Name of Limited Partnership <b>The Sugar Mill Ruins Limited A Florida Limited Partnership</b>				DO NOT WRITE IN THIS SPACE	
2. Mailing Address 1050 Old Mission Rd. Suite, Apt. #, etc.		3. Principal Office Address 1050 Old Mission Rd. Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 6-10-71	
City & State New Smyrna Beach, FL		City & State New Smyrna Beach, FL		5. FEI Number 59-1174226 Applied For Not Applicable	
Zip 32168 Country USA		Zip 32168 Country USA		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8a. Capital Contributions as Shown S.A. filed 8-11-99 \$5.00		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.		7. State or Country of Formation Volusia	
8b. Amount of Capital Contributions in FLORIDA to date. \$5.00					
9. Name and Address of Current Registered Agent				10. If changed, new registered agent/office	
				Name Bart F. Beedle	
				Street Address (P.O. Box Number Is Not Acceptable) 1050 Old Mission Road	
				Suite, Apt. #, etc.	
				City New Smyrna Beach, FL Zip Code 32168	
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) <u>Bart F. Beedle</u> DATE <u>6-23-99</u>					
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	
Rita M. Beedle		1050 Old Mission Road		New Smyrna Beach, FL 32168	
				800002921488--1 -07/01/99--01094--002 ***1335.00 ***1282.50 FF \$1,282.50	
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 <u>Rita M. Beedle</u> DATE <u>6-23-99</u>					
Typed or Printed Name of General Partner Signing Form Rita M. Beedle Telephone Number <u>904-427-5000</u>					

CR2E039 (12/97)