A07603

2001 REINSTATEMENT - LIMITED PARTNERSHIP

FILED
01 APR 17 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A07603

1. Entity Name

S-T PARTNERS, LTD.

4/8/97

Principal Place of Business / Mailing Address

PO BOX 5403
FT. LAUDERDALE, FL 33310

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 591919514 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAN B. LEVAN
1750 E. SUNRISE BLVD.
3rd FLOOR
FT. LAUDERDALE, FL 33310

7. Name and Address of New Registered Agent

Name: Glen R. Gilbert
Street Address (P.O. Box Number is Not Acceptable): 1750 E. Sunrise Blvd
3rd Floor
City: Ft. Lauderdale FL Zip Code: 33310

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] 4/13/2001
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

9. Capital Contributions as Shown on record: 489000

10. Amount of Capital Contributions in FLORIDA to date

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	624258 S-T General Corp. 1750 E. Sunrise Blvd. ~~Ft. Lauderdale, FL 33310~~	STREET ADDRESS / CITY-ST-ZIP	700004134577--1 -05/03/01--01124--013 *****17.50 *****17.50
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Adm — 2,500.00 AR 2187.50	STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 1997-2001
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	ARSUOP 443.75 CERT 17.50	STREET ADDRESS / CITY-ST-ZIP	BK Cuy
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	5148.75	STREET ADDRESS / CITY-ST-ZIP	700004134577--1 -05/03/01--01124--014 ***5131.25 ***5131.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] GLEN R. GILBERT
Executive Vice President of General Partner 4/13/2001 (954) 760-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #