DI EVCE DEVD VII	INICTOLICTIONS	DEEODE COMPLI	CTIMO	THIS ECONA
PLEASE READ ALL	INSTRUCTIONS	DEFORE COMPLI		I HIS FURIVI.
		<u></u>	(E 11 - r	The property of the same of th

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Name of Limited Partnership

Land St. Landenson T. Grand	-1	- 2	٠.	÷	
 سنعمد سيدو بالمنجاب سيبك والمدار محاوم	<u>ئەرەر،</u>	~	- 🗫		,

01 NOV -5 PM 12: 17

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Hamilton Interests Limited		REINSTATEMENT 2001					
2. Principal Office Address P. O. Box 1314	3. Mailing Office Address		4. Date Formed or Registered To Do Business in Florida 6/17/80				
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 2 6 5		5. FEI Number Applied For 59 - 2085292 Not Applicable				
City & State Stuart, FL	City & State Palm City,	FL	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status				
Zip Country	Zip	Country	7a. Capital Contributions as shown on Record: \$5353.00				
3.1995 131.4 43990-9927 8. Name and Address of Current Registered Agent			7b. Amount of Capital Contributions in FLORIDA to date:				
Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S Pine Island Road Suite, Apt. #, Etc.			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 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.				
CityPlantation	State FL	Zip_Code33324	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 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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10. 10a. Name(s) of General Partner(s) City, State and Zip Code 1500 SW Capri, #265 Palm City, FL 34990 Hamilton, Douglas A. P.

> 500004689205--0 -11/20/01--01044--007 ****641.25 ****641.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. Ido 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)(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 accidate 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 o trustee empowered to precuping from a requirement of 200, Florida Statutes.

SIGNATURE