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inquent.

CR2E039 (10/02)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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PARTNERSHIP	
REINSTATEMENT	16.6
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FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED 04 FEB 24 AM 9: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # A10022

1. Name of Limited Partnership

Longwood Apartments II, LTD

			4/26/03				
·		3. Mailing Office Ac 5312 Spring		4. Date Formed or Registered To Do Business in Florida			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number Applied For 59-2031754 Not Applicable			
City & State Spring Hill, FL		City & State Same		6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
^{Zip} 34606	Country USA	^{Zip} Same	Country Same	7a. Capital Contributions as shown on Record: \$400.000.00 7b. Amount of Capital Contributions in FLORIDA to date:			
	8. Name and Add	dress of Current Registered	\gent	T			
Jerome S. Rydell				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 definquent.			
Street Address (P.O. Box Number is Not Acceptable) 5312 Spring Hill Dirve							
Suite, Apt. #, Etc.							
Spring Hill,			Zip Code L 34606	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.			

Pursuant to the provisions of sections 620.1051 and 620.105, 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) Registration Document Number 10. City, State and Zip Code Name(s) of General Partner(s) **Baron Capital LVI** 5312 Spring Hill Drive Spring Hill, FL 34606 P97000037661

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 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)(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 accusate 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 execute this feport as required by chapter 620, Florida Statutes."

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

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Telephone Number 352 - 688 - 8815





Florida Department of State Division of Corporation PO Box 6237 Tallahassee, FL 32314

RE: Longwood Apt II A10022

Attn: Buck Kohr

Dear Mr. Kohr:

Please be advised that an annual report was never received for the year 2003 on the above corporation.

I have enclosed checks totaling \$1,061.25 this represents for the years of 2003 and 2004. I am also requesting a certificate of status. Per our conversation the penalty fee will be waved.

Please find enclosed the application for reinstatement.

If you should have any questions, please contact me directly at (352) 688-8815

Sincerely,

1,052.50 8.75