APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

A10029

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # LP A 10029

1. FORTY-ONE SIXTY, LTD

DO NOT WRITE IN THIS SPACE

2. 2665 S. BAYSHORE DR.
SUITE M-103
COCONUT GROVE, FL
33133 USA

3. SAME
SAME

4. 2/3/81

5. 59-2168087

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. FLORIDA

8a. $19,987.50

8b. FLORIDA $19,987.50

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) $103 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

9. Name and Address of Current Registered Agent

ROBERT DIXON
2665 S. BAYSHORE DR. #M103
COCONUT GROVE FL 33133

10. Name of New Registered Agent

IRWIN S. GARS
2665 S. BAYSHORE DR.
SUITE M-103
COCONUT GROVE FL 33133

10a. Pursuant to the provisions of Section 620.92 and/or 620.93 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 a majority of the general partners. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as set forth in Section 620.92 Florida Statutes.

SIGNATURE of Registered Agent Accepting Appointment [signature] DATE 3/21/97

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

11. Name of General Partner	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	11a. Reg State or Document Number
ROBERT DIXON	2665 S. BAYSHORE SUITE M-103	COCONUT GROVE FL 33133	AR Fee 1459.00 Sup 622.50 Penalty 6500.00 Cus 8.75 $ 8590.32
JEROME GLASSMAN	1801 S. COLLEGE	OCALA, FL 34478	

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***8590.32 ***8590.32

CR2E039 (1/90)

REINSTATEMENT 85-97

nc

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)(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 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 [signature] DATE 3-21-97

Typed or Printed Name of General Partner Signing Form

Telephone Number