

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A 12125		59 AUG -6 PM 5:42	
1. Name of Limited Partnership DAYTONA TWIN OAKS, LTD 7357 FOX TROTting ROAD SARASOTA, FL 34241		DO NOT WRITE IN THIS SPACE	
2. Mailing Address SAME	3. Principal Office Address SAME	4. Date Formed or Registered To Do Business in Florida 02-24-82	5. FEI Number 59-2190752
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country
8a. Capital Contributions as Shown on Record 87,500		7. State or Country of Formation FLORIDA	
8b. Amount of Capital Contributions in FLORIDA to date 87,500		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.	
9. Name and Address of Current Registered Agent APOGEE ASSOCIATES, INC. 7357 FOX TROTting ROAD SARASOTA, FL 34241		10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) <i>G. Willard Howe</i> DATE 7/16/99			
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	11a. Registration Document Number
APOGEE ASSOCIATES, INC.	7357 FOX TROTting RD	SARASOTA, FL 34241	F66030
800002955278--S -08/10/99--01019--004 ***1026.25 ***1026.25			
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 <i>G. Willard Howe</i> DATE 6/26/99			
Typed or Printed Name of General Partner Signing Form G. WILLARD HOWE		Telephone Number 941-366-0900	

CR2E039 (12/98)