

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP RESTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 14 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A12671					
1. Name of Limited Partnership Silver Beach Club A Florida Limited Partnership					
2. Principal Office Address 1025 So. Atlantic Ave Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 10/23/85	
City & State Daytona Beach, FL		City & State		5. FEI Number 59-2128569 Applied For Not Applicable	
Zip 32118	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Key, W. Robert c/o Silver Beach Club Street Address (P.O. Box Number is Not Acceptable) 1025 So. Atlantic Ave. Suite, Apt. #, Etc.				7a. Capital Contributions as shown on Record: 250,000.00	
City Daytona Beach, FL State FL Zip Code 32118				7b. Amount of Capital Contributions in FLORIDA to date:	
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)				DATE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
10. Name(s) of General Partner(s) Key, W. Robert		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1025 So. Atlantic		City, State and Zip Code Daytona Beach, FL 32118	
				10a. Registration Document Number 000004714140--3 -12/07/01--01036--008 ***1035.00 ***1035.00 REINSTATEMENT 2000	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
11. 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 W. Robert Key				DATE 11/5/01	
Typed or Printed Name of General Partner Signing Form				Telephone Number	

CR2039 (9/01)