PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED		FLORIDA DEPAR	TMENT OF STA 1e Harris	TE	FILE	ED	W-1
PARTNERS			y of State				8/18
- REINSTATEM 1999-200			ORPORATIONS		00 AUG 16 /	\M : 4	0
DOCUMENT # A 16284					SECRETARY OF STATE TALLAHASSEE FLORIDA		
Maitland projectors, htd.							
						_	
2. Principal Office Address		3. Mailing Office Address		-	4. Date Formed or Registered To Do Business in Florida 01/27/84		
29012 Island Club Dr.		29012 - Island Club Dr.					Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number 59-2366166		Not Applicable
City & State		City & State			6. CERTIFICATE OF STATUS DESIRED		Additional Fee required Certificate of Status
Deerlsland, Florida		Deer Island, Florida			7a. Capital Contributions as shown on Record:		
zip 32778			Zip Country 32778 USA		*266, 312.26		
					7b. Amount of Capital Contributions in FLORIDA to date: * 7.66, 3/2.26		
8. Name and Address of Current Registered Agent				FEES:			
_ homas Rogers				 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 <u>each year due</u> this office. Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent</u>. 			
Street Address (P.O. Box Number is Not Acceptable) 29012 Island Club Drive							
Suite, Apt. #, Etc.							
City		State	State Zip Code		Note: If the amount entered in 7b is 7a, a supplemental affidavit must be	greater than submitted al	amount entered in ong with a separate
City Deer Islav	rd	FL	FL 32-778		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)					DATE 8/8/00		
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 Ge	eneral Partner(s)	Address of Each General Partner			City, State and Zip Code	10a.	Registration Document Number
Ihomas Rogers		29012 Jsla	29012 Island Club Dr. D		er Island, Fl 32778	AI	6284
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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 t							
SIGNATURE	Thomas	DATE	DATE 8/8/00 Telephone Number (407) 869 - 1680				
Typed or Printed Name of General Partner Signing Form THOM RS ROGERS Telephone Number (407) 869-1680							

CR2E039 (11/99)