PLEASE EAD ALL INSTR	RUCTIONS BEFORE	COMPLETING	THIS FORM
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LIMITED PARTNERS REINSTATEM	HIP	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # A16920 1. Name of Limited Partnership				01 APR 20 PM 1: 35			
T&C ASSOCI	ATES, LTD.	a	nalan				
2. Principal Office Address3. Mailing Office Address9770 E. Bay Harbor Drive9770 E. Bay Harbor Drive			 Date Formed or Registered To Do Business in Florida 4/27/1984 				
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1			5. FEI Number Applied For 592-43-1628 Not Applicable		
City & State Bay Harbor Islands, Florida Bay Harbor Islands, Florida			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status 7a. Capital Contributions as shown on Record:				
^{Zip} 33154	Country United States	Zip 33154 Current Registered Agen	Country United States		7b. Amount of Capital Contributions in FLORIDA to date:		
Name GEORGE C. REYORAFT Street Address (P.O. Box Number is Not Acceptable) 9770 E. Bay Harbor Drive Suite, Apt. #, Etc. Suite 1 CityState Zip Code Bay Harbor Islands FL 33154				 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): 688.75 for each year due this office, beginning with 1992 calendar year 3.) Penaty Fee(s): 6500 penalty fee for each year report form is delinquent. 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 filting fee. 			
Bay Harbor Islands FL 33154 and appropriate futting reg. 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, and accept the obligative direction 520.192, Florida Statutes. Organization Organization							
10. Name(s) of Ge	enerai Partner(s)	Address of Each (Do NOT Use Post O			City, State and Zip Code	10a.	Registration Document Number
REYCRAFT, GEORG	E D.	9770 E. Bay Hant	or Drive #1	Bay	Harbor Islands, FL 33154	455	138 03-011
ef.					***1291	.25 *	**1291.25
Note: General p	oartners MAY NOT	be changed on this	s form; an ame	ndm	ent must be filed to chang	ge a gen	eral 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 rupper 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 Contraction of the second signature April 12, 2001					<u>x01</u>		
Typed or Printed Name of General Partner Signing Form GEORGE D. REXCRAFT Telephone Number							