PLEASE RE	ALL II STEEC 12 18 17 OFFE	ON PLETING THIS FO	<u>Э</u> Ŗ ϻ .
LIMITED PARTNERSHIP	COR DA DEPARTMEN OF TATE Jil Smith Secretary of State	02 NOV 15	
REINSTATEMENT	VISION OF CORPORATIONS	SECRETARY TALLAHASSE	OF STATE E FLORIDA
DOCUMENT # A 1778 1. Name of Limited Partnership	34	1112	•
SUMPOINT INVESTORS, LID.			HLM
SOMITIME INTERIOR		11/15 2000	1-2001-2002
2. Principal Office Address	3. Mailing Office Address	4. Date Formed or Registered	2/11/21
ZOO S. HOOVER BLVD Suite, Apt. #, etc.	Suite, Apt. #, etc.	To Do Business in Florida 5. FEI Number	Applied For
DU LTE 201-110	SUITE 201-110	59-244110	Not Applicable
TAMPA KA	TAMPA FLA	CERTIFICATE OF STATUS DESIRED	\$8.75. Additional Eee required for a Certificate of Status
33609 HILLSBOROWS H	33609 Country	7a, Capital Contributions as shown of \$\frac{2}{3} \frac{3}{5} \frac{6}{0} \text{O}	0.00
	Current Registered Agent	7b. Amount of Capital Contributions (n FLORIDA to date:
BENJAMIN E. NORBOM		FEE: 1.) Filing Fee(s): Computed at a rate of	\$7 per \$1,000 on amount entered
Street Address (P.O. Box Number is Not Acceptable) 200 S. HOOVER BUILD		in 7b, with a minimum filing fee of \$5 for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each</u>	1
SUITE ZOI- 110		with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for	each year report form is delinquent.
City TAMPA	State Sip Code Sign Code	Note: If the amount entered in 7b is 7a, a supplemental affidavit must be 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 \$20,192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)	15816	DATE	of Florida, submits this statement ppt the appointment of registered
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)	Address of Each General Partiser (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
BEHIAMU E. NORBOM 200 S. HOOVER BLUD TAMPA, FL 33409 SUITE 201-110			
-1445 - 145 - 1460 -16	2 - S water Dun	11/15/02010204	-011 **3078.75
Meadow wood property co	ZOO S. HOWER BUDTA	upa Ft 33609	F 47112
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 // /	ENJANIJ E. NORBO	DATE	-289- 2900
yped or Printed Name of General Partner Signing Form	CONTRACTOR OF THE STATE OF	Telephone Number	