


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A20503			
1. Name of Limited Partnership SAENGER THEATRE PARTNERSHIP, LTD. 2000			
2. Principal Office Address 2000 WEST LOOP SOUTH Suite, Apt. #, etc. 1040 City & State HOUSTON, TX Zip 77027 Country USA		3. Mailing Office Address 2000 WEST LOOP SOUTH Suite, Apt. #, etc. 1040 City & State HOUSTON, TX Zip 77027 Country USA	
4. Date Formed or Registered To Do Business in Florida 8/5/1985			
5. FEI Number 59-2574288		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: \$4,000,000			
7b. Amount of Capital Contributions in FLORIDA to date: \$4,000,000			
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): \$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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301			
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. Jeanine Reynolds as its agent DATE 9-8-05 SIGNATURE (Registered Agent Accepting Appointment)			
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 Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
SAENGER ASSOCIATES	2000 WEST LOOP SOUTH, SUITE 1040	HOUSTON, TX 77027	6-P0500V02336
ALLEN J. BECKER	2000 WEST LOOP SOUTH, SUITE 1040	HOUSTON, TX 77027 BKC REINSTATEMENT 2000-2005	
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 Allen J. Becker		DATE 8/24/05	
Typed or Printed Name of General Partner Signing Form Allen J. Becker		Telephone Number	

CR2E039 (10/02)



A20503

ACCOUNT NO. : 072100000032

REFERENCE : 578334 4802844

AUTHORIZATION :

Patricia P. [Signature]

COST LIMIT : \$ 6,166.25

ORDER DATE : September 2, 2005

ORDER TIME : 10:16 AM

ORDER NO. : 578334-005

CUSTOMER NO: 4802844

CUSTOMER: Karen Mcelligatt
Neal Gerber & Eisenberg LLP
Suite 2200
Two North Lasalle Street
Chicago, IL 60602

BK

FILED
05 SEP - 8 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SAENGER THEATRE PARTNERSHIP,
LTD.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#2955

EXAMINER'S INITIALS: _____