

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP <i>Annual Report 1998</i>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR 27 PM 12: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA <small>DO NOT WRITE IN THIS SPACE.</small>	
1. Name of Limited Partnership <b>Hampton / McGuire Limited Partnership</b>					
2. Mailing Address <b>212 S. Tryon St. Suite 800 Charlotte, NC 28281</b>		3. Principal Office Address <b>4550 47th St. West Bradenton, FL 34210</b>		4. Date Formed or Registered To Do Business in Florida <b>12-16-85</b>	
5. FEI Number <b>56-1493434</b>		Applied For <input type="checkbox"/> Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SA 25 Additional Fee required for a Certificate of Status</small>	
7. State or Country of Formation					
8a. Capital Contributions as Shown on Record. <b>\$100.00</b>		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date <b>0</b>					
9. Name and Address of Current Registered Agent <b>Kuhlman, Keith H. 777 S. Harbour Island Blvd. Suite 980 Tampa, FL 33602</b>		10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) <b>800002507158-2</b> Suite, Apt. #, etc. <b>-05/01/98 --01005 --010</b> City <b>****141.25 FL ****141.25</b>			
10a. 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 _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
11a. Registration Document Number					
<b>Summit Financing Inc.</b>		<b>212 S. Tryon St. Suite 800</b>		<b>Charlotte, NC 28281</b>	
<b>F95 000004609</b>					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 <b>Sam C. Moore</b>		DATE <b>4/24/98</b>			
Typed or Printed Name of General Partner Signing Form		Telephone Number			

CR2E039 (12/97)

# SUMMIT PROPERTIES

April 24, 1998

Florida Department of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Madam or Sir:

This letter is in response to your Certificate of Revocation dated April 10, 1998 in which Hampton/McGuire Limited Partnership's authority to transact business in the state of Florida is revoked. Enclosed please find the completed Application for Reinstatement for Limited Partnership for Hampton/McGuire Limited Partnership along with a check in the amount of \$141.25 representing the appropriate filing fee of \$52.50 and the supplemental fee of \$88.75

We have reviewed our files relative to the annual report on Hampton/McGuire Limited Partnership which we have been filing for several years. It appears that we have filed all the previous annual reports on time and we just did not receive the form from your office. We respectfully request a waiver of the \$500 penalty based on our previous filing and payment history.

You may reach me at (704) 334-9905 if you have any questions.

Very truly yours,

*Melissa C. Norman*

Melissa C. Norman  
Assistant Controller

Enclosures



212 South Tryon Street • Suite 800  
Charlotte, North Carolina 28281  
Telephone: (704) 334-9905  
Facsimile: (704) 371-7111