

APPLICATION FOR <b>REINSTATEMENT</b> OF LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  97 MAR -7 PM 3:59	
DOCUMENT # <b>A 24304</b>					
1. Name of Limited Partnership <b>Beacon Properties, Ltd.</b>					
DO NOT WRITE IN THIS SPACE.					
2. Mailing Address <b>SAME</b>		3. Principal Office Address <b>6917 Timbers Drive</b>		4. Date Formed or Registered To Do Business in Florida <b>March 26, 1987</b>	
Suite, Apt. #, etc.  City & State  Zip  Country		Suite, Apt. #, etc.  City & State <b>Evergreen, CO</b> Zip <b>80439</b> Country <b>USA</b>		5. FEI Number  Applied For <input checked="" type="checkbox"/> Not Applicable	
8a. Capital Contributions as Shown on Record <b>\$ 70,000.00</b>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>			
8b. Amount of Capital Contributions in FLORIDA to date <b>Same</b>		7. State or Country of Formation <b>Florida</b>			
9. Name and Address of Current Registered Agent <b>Beacon Properties, Inc.          2494 Bayshore Blvd.          Dunedin, FL 34296</b>			10. If changed, new registered agent/office Name <b>E. L. Garrabrants, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6008 Main Street</b> Suite, Apt. #, etc.  City <b>New Port Richey</b> Zip Code <b>FL 34653</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) <i>E. L. Garrabrants, Jr.</i> DATE <b>2/25/97</b>					
<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) <b>Beacon Properties, Inc.</b>		Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>6917 Timbers Dr.</b>		City, State and Zip Code <b>Evergreen, CO 80439</b>	
				11a. Registration Document Number <b>J42695</b>	
				200002109222--4 -03/11/97--01012--017 ***2082.80 ***2082.50	
<b>REINSTATEMENT</b>					
<b>CR 3-7</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 effect 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 <i>Clyde B. Hoeldtke, Jr.</i> <b>Clyde B. Hoeldtke, Jr. Secretary</b>					
Typed or Printed Name of General Partner Signing Form <b>303/674-3542</b> DATE <b>2/24/97</b>					

CR2E039 (1/97)