PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. OF FLORIDA DEPARTMENT OF STATE

I'm Smith LIMITED **PARTNERSHIP** REINSTATEMENT DOCUMENT # A24608 1. Name of Limited Partnership SUNBELT EQUITIES II LIMITED PARTNERSHIP 500011994185 ກຂ/ກ7/n3--01056--024 **1**0**271.25 3. Mailing Office Address 4. Date Formed or Registered 2. Principal Office Address To Do Business in Florida 5/28/1987 5051 Castello Drive 5051 Castello Drive Applied For 5. FEI Number Suite, Apt, #, etc. 251550477 Not Applicable Suite 17 Suite 17 \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED City & State . for a Certificate of Status Naples, Florida Naples, Florida ____ 7a. Capital Contributions as shown on Record: Country U.S.A. \$1,150,000.00 Country U.S.A. Zip 34103 7b. Amount of Capital Contributions in FLORIDA to date: \$1,150,000.00 8. Name and Address of Current Registered Agent FEES: 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. CT Corporation System Street Address (P.O. Box Number is Not Acceptable) Supplemental Fee(s): \$88.75 for each year due this office, beginning 1200 S. Pine Island Road 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 Zip Code State and appropriate filing fee. 33324 FL Plantation Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named limited partnership organized registered under the laws of the State of Florida, submits this statement CR2E039 (9/01 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authough 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)_ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration 10a. Address of Each General Partner City, State and Zip Code Document Number Name(s) of General Partner(s) (Do NOT Use Post Office Box Numbers) Bonita Springs, FL 4895 Bonita Beach Rd. James R. Colosimo Unit 601 500011994185 02/07/03-01056+025 **1026.25 c/o Stan Pecora, Esq. Bradford, PA 16701 SHP, INC. 71 Main Street Suite 301 NINSTRICKEN

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 filling is voluntarily turnished and does not qualify for the exertion stated in Section 119.07(3)(i). Florida Statutes. I release the Division of Corporations from any flability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deednexempt 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 thus certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 520, Florida Statutes.

SIGNATURE

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Suite, Apt. #, etc.

34103

Suite, Apt. #, Etc.

City & State

Zip

Name

City

10.

Typed or Printed Name General Partner Signing Form James R. Colosimo

Telephone Number (239) 404-0123

CAPITAL CONNECTION, INC.

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417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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			L.C. File
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