

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A25173			
1. Name of Limited Partnership Towers of Coral Springs, Ltd.			
2. Principal Office Address 2825 University Drive Suite, Apt. #, etc. 350 City & State Coral Springs, FL Zip 33065		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country	
4. Date Formed or Registered To Do Business in Florida 9/87			
5. FEI Number 65-0055315		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions, as shown on Record: \$500.00			
7b. Amount of Capital Contributions in FLORIDA to date:			
8. Name and Address of Current Registered Agent Name S. Howard Orner Street Address (P.O. Box Number is Not Acceptable) 2825 University Drive Suite, Apt. #, Etc. 350 City Coral Springs State FL Zip Code 33065			
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.			
SIGNATURE (Registered Agent Accepting Appointment) DATE			
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
Towers of Coral Springs, Inc.	2825 University Dr. Suite 350	Coral Springs, FL 33065	J89912
500004676835--9 -11/13/01--01071--005 ****141.25 ****141.25			
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 S. HOWARD ORNER		DATE 10/18/01 554-752 0202	
Typed or Printed Name of General Partner Signing Form		Telephone Number	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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