REINSTATEMENT FOR LIMITED PARTNERSHIP					ATE NS	SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # A26481						99 OCT 13	PM 3: 26		
1. Name of Limited Parinership HEATHROW TOWN CENTER ASSOCIATES LIMITED						M DO NOT WRITE IN THIS SPACE.			
2. Maing Address 4350 LA JOL	3. Principal Office Address E SAME AS MAILING ADDRESS			s	4. Date Formed or Registered To Do Business in Florida MAY 25, 1988				
Sule Apr # el 700	Suite Apt #. etc.				5. FEI Number 33-0302275		Applied For		
City & State SAN DIEGO,	City & State				6. St. / Adaption of England				
Zip	Country	Zip	1		CERTIFICATE OF STATUS DESIRED X				
92122-1233	SAN DIEGO					7. State or Country of Formation FLORIDA			
8a. Capital Contributions as Shown on Record 100  8b. Amount of Capital Contributions in FLORIDA to date  100  8b. Amount of Capital Contributions in FLORIDA to date  100  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 \$3  \$437.50, for gach year due this office, beginning with 1992 calendar year.  3) Penalty Fee(s): \$500 penalty fee for gach year good form is delinquent.  Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along appropriate filing fee.									
Name and Address of Current Registered Agent						10. If changed, new registered agent/office			
Corporation Service Company 1201 Hays Street				Name Street Address (P.O. Box Number is Not Acceptable)					
Tallahassee,			Suite, Apt. #, etc						
			_			FL Zp Code			_
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 if am familiar with, and accept the obligations of section 620 192, Florida Statutes.  Deborah D. Skipper									
SIGNATURE (Registered Agent Accepting Appointment) Delicrah D. Skipper as its agent DATE 10/13/99								/99	_
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
11. Names of Gener	a <sup>-</sup> Partner(s)	Address of Ea (Do NOT Use Pos			City, State and Zip Code	11a.	Registration Document Number	_	
HAHN HEATHROW, INC. SUITE 700 4350 LA JOLLA VILI			LAGE DI	t.	SAN DIEGO, C	A P193	326		
RENALT - 1,000,00  AR 105,00  ARSUM 177.50  9000030136494									CR2E039 (12/98)
MY. Masui	r 177.	10	900:			0030136494			CR2E
REINSTATEMENT 1998-1999									
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.									
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12. Loo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 92/3/K). Florida Stations: 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 focurate 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 his report as required by chapter 620. Florida Statutes

HAHN HEATHROW, INC.

Holli G. Salazar, V.P. & Secretary Telephone Number (858)546-1001

SIGNATURE

Typed or Printed Name of General Partner Signing Form \_\_\_\_

DATE 10/12/99



ACCOUNT NO. : 072100000032

REFERENCE :

410032

4807937

AUTHORIZATION

COST LIMIT :

ORDER DATE: October 12, 1999

ORDER TIME : 12:19 PM

ORDER NO. : 410032-005

CUSTOMER NO: 4807937

CUSTOMER: Mr. Mark Bryant

Trizechahn Centers Inc.

Suite 700

4350 La Jolla Village Drive San Diego, CA 92122-1233

## DOMESTIC FILINGS

NAME:

HEATHROW TOWN CENTER ASSOCIATES LIMITED

XX\_\_\_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS

MK 10/13/9