PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
PARTNERSHIP REINSTATEMENT  LIMITED  FLORINA DEPARTMENT OF STATE  Kather be Harris  Secretary of State  DIVISION OF CORPURATIONS				SEGRETARY OF STATE DIVISION OF CORPORATIONS  OI MAR 15 PM 12: 24	
DOCUMENT # A26731  1. Name of Limited Partnership  LAND AMERICA INVESTMENT FUND I, LTD.				T UT MAK	13 FM12+24
2. Principal Office Address 1355 W Palmetto Park Rd.		3. Mailing Office Address same		4. Date Formed or Registered To Do Business in Florida 07/14/88	
Suite, Apt. #, etc. 260		Suite, Apt. #, etc.		<b>5.</b> FEI Number 65-0044797	Applied For Not Applicable
City & State Boca Raton, FL		City & State		CERTIFICATE OF STATUS DESIRED TATES 158.75 Additional Fee required for a Certificate of Status	
Zip 33486	Country USA	Zip	Country	7a. Capital Contributions as shown on Record: \$2,880,000.00	
8. Name and Address of C		Current Registered Agent		7b. Amount of Capital Contributions in FLORIDA to date:	
Street Address (P.O. Bo	LAGP, Inc.  ox Number is Not Acceptable) netto Pk Rd.	State Zip Code FL 33486		1.) 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.  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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
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 States.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  3/14/01					
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 G	General Partner(s)	Address of Each	n General Partner Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
L.A.G.P., I	nc. 3 <b>000</b> 0385 -03/20/01 ***3087.5	1355 W Palme 88243	- (	a Raton, FL 33486	P930000464485
	REMIST	ATEMENT	99=01: elf 3/15	pane 3/15/	53078.75 8.75
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 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.					

3/14/01 **SIGNATURE** DATE\_ L.ATG.P., Inc./Jeff Kune 561-393-3799 Typed or Printed Name of General er Signing Form Telephone Number