

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Nathaniel Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Name of Limited Partnership Pride Resorts, Ltd.		A27087 4/12/96	
2. Principal Office Address 240 Mohawk Road Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	4. Date Formed or Registered To Do Business in Florida 9/21/88	5. FEI Number 59-2686385 Applied For Not Applicable
City & State Clermont, FL	City & State	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: \$265,000
Zip 34711	Country USA	7b. Amount of Capital Contributions in FLORIDA to date: \$265,000	FEES: 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.
8. Name and Address of Current Registered Agent Name Peggy L. Abraham Street Address (P.O. Box Number is Not Acceptable) 240 Mohawk Road Suite, Apt. #, Etc.		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.	
City Clermont		State FL	Zip Code 34711
SIGNATURE (Registered Agent Accepting Appointment) <i>Peggy L. Abraham</i> DATE 11/17/01			
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 General Partner(s) Resort Parks, Inc. Adm - 3000.00 AR 2625.00 AR SUP 532.50 6,157.50	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 240 Mohawk Road	City, State and Zip Code Clermont, FL 34711	10a. Registration Document Number P93000043228 500004739695--2 -12/26/01--01091--012 ***6157.50 ***6157.50 BK REINSTATEMENT 1996-2001 BK
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)(v), 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 <i>Peggy L. Abraham</i>		DATE 11/14/01	
Typed or Printed Name of General Partner Signing Form Peggy L. Abraham		Telephone Number 352-394-4048	