APPLICATION FOR REINSTATEMENT **FOR LIMITED PARTNERSHIP**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

FILED

DOCUMENT #

A 27326

Edison Gardens, Ltd

98 MAY 11 PM 12: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

				DO NOT WRITE IN THIS SPACE.		
2. Mailing Address 645 NW 62nd Street	3. Principal Office Addres	62nd Stree	4. Date Formed or Registr To Do Business in Flori	4. Date Formed or Registered To Do Business in Florida 11/03/1988		
Suite, Apt M, etc	Suite, Apt. #, etc.		5. FEI Number	5. FEI Number 65-0082006		
City & State Miani, Florida	City & State Miami, Florida 7p Country 33150		6.	6. S8.75 Additional Fee required		
Z _{IP}				7. State or Country of Formation		
8a. Capital Contributions as Shown on Record 1, 638, 601.00 8b. Amount of Capital Contributions in FLORIDA to date	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 \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.76 for <u>each year due</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.					
9. Name and Address of Current Registered Agent			10. If changed, new re	10. If changed, new registered agent/office		
Wolfe, Leon J., Esq. 100 SE 2nd Street, 38th Floor Miami, FL 33131			Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
10a. Pursuant to the provisions of sections 620 1051 and 62 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	islered agent, or both, in the St section 620 192, Florida Statul	ate of Florida. Such change v	vas authorized by its general partner(s)	DATE5 5	ibmits this statement intment of registered	
A GENERAL PARTNER THAT IS MUST I	A CORPORATION REPORTED IN A CORPORATION OF THE PROPERTY OF THE	ON, LIMITED PA D AND ACTIVE	ARTNERSHIP OR OT WITH THIS OFFICE.	HER BUSINES	SS ENTITY	
11. Names of General Partner(s)	Address of Each C (Do NOT Use Post Off		City. State and Zip Code		Registration cument Number	
TEDC Shell City, Inc.	645 NW 62nd Mi Street, suite 300		Miani, FL 3315			
			80000 -05 ***)252292 /14/980101 *1035.00 ***	289 3012 *1035.00	
•		REINST	ATEMENT_	ag on	s	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k). Florida Statutes. 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 examplify 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. ort as required by chapter 629. Torida Statutes.