

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF REVENUE Secretary of State DIVISION OF CORPORATIONS		FILED 00 OCT 27 PM 3:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Name of Limited Partnership HASELTON PROPERTIES, LTD. <i>A27785</i> <i>2/21/00</i>					
2. Principal Office Address 5015 S Florida Ave Suite, Apt. #, etc. Suite 200 City & State Lakeland, FL Zip 33813		3. Mailing Office Address P.O. Box 5252 Suite, Apt. #, etc. City & State Lakeland, FL Zip 33807		4. Date Formed or Registered To Do Business in Florida 01/20/1989	
				5. FEI Number 59-3010757 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7a. Capital Contributions as shown on Record: \$2,000.00	
				7b. Amount of Capital Contributions in FLORIDA to date: \$2,000.00	
8. Name and Address of Current Registered Agent Name Peter A. McFarlane Street Address (P.O. Box Number is Not Acceptable) 5015 South FLorida Avenue, Suite 215 Suite, Apt. #, Etc. City Lakeland State FL Zip Code 33813					
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	
Century Realty Funds, Inc.		5015 S FLorida Ave		Lakeland, FL 33813	
ADM - 500.00 AR 52.50 AR SUPV 88.75 CUG 8.75 650.00		REINSTATEMENT 2000 (M) (CUG)		10a. Registration Document Number 616872 100003457141-3 -11/08/00--01040--028 ***650.00 ***650.00	
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 <i>Kim S. Kelley</i> <i>Receiver/CP</i> DATE <i>10/26/00</i>					
Typed or Printed Name of General Partner Signing Form <i>Kim S. Kelley</i> Telephone Number <i>863-647-1581</i>					

CR2E039 (9/00)