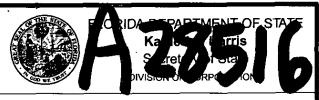
ور المحمد PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/1/00

LIMITED
PARTNERSHIP
REINSTATEMENT



FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

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1. Name of Limited Partnership

BAYONET POINT ASSOCIATES, LTD.

4116179								
2. Principal Office Address 7117 State Rd. 52		3. Mailing Office Address		4	4. Date Formed or Registered To Do Business in Florida 6/21/89			
Suite, Apt. #, etc.				• FEI Number 65–01	 26208	Applied For Not Applicable		
City & State Ci		City & State	City & State		CERTIFICATE OF STATUS DES		75 Additional Fee required for a Certificate of Status	
Hudson, FL Zip 34667	ip Country Zip Country		<u> </u>	7a. Capital Contributions as shown on Record: \$10,000.00 7b. Amount of Capital Contributions in FLORIDA to date:				
8. Name and Address of Current Registered Agent					\$10,000.00			
Name Kramer, Rober M. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd. Suite, Apt. #, Etc. Suite 485 S. City Hollywood State FL Zip Code 33021					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.			
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 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 C	General Partner(s)	Address of Each	n General Partner Office Box Numbers)	C AAII	City, State and Zip Code	108	Registration Document Number	
Lawrence J.	ne	7117 State R			son, FL 34667 3000 -03/ ystal River,*##	14/00	32435 01026002 ****4620.00	
PENALTT - AR ARJUWN CUS	3,500.00 490.00 621.25 8.75 4,620.00	Suite 7			ENT 994			

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 may 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 analytic 629, Florida Statutes.

SIGNATURE >

Lawrence Typed or Printed Name of General Partner Signing Form

J. Kales, Partner

Telephone Number _