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ANNUAL	REPO	RT	FOR
1996,	1997,	19	998
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FILES SECRETARY OF STATE DIVISION OF COMPORATIONS

LIMITED PART	NERSHIP	VIS	OF APORA		ervisión ér ca	MOTANO PAR	.\$	
DOCUMENT # A30987				99 JUN 10 AM 10: 25				
	Associates - Wi		mited					
	ra	rtnership	4/12/	96	DO NOT WRITE	IN THIS SPACE		
2. Mailing Address 7301 N.W	Mailing Address 7301 N.W. 4th Street SAME AS MATLING		4.	4. Date Formed or Registered To Do Bos mess in Florida December 13, 1990				
Suite, Apt #, etc Suite 102		LING	5. 1	- 		Applied For		
City & State Plantati		Oty & State		 	65-0260883		Not Applicable	
Zip	Country	Zip Country			6. CERTIFICATE OF STATUS DESIRED STATUS DESIRED Status			
33317 8a. Capital Contributions	USA			7.	State or Country of Formation	FL		
n Record 10,000.	as anown	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 each year due this office						
8b. Amount of Capital Co	ntributions in	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 <u>each year peof form is delinquent.</u> Note: If the amount entered in Bb is greater than amount entered in Ba, a supplemental affidavit must be submitted along with a separate and					a Separate and	
10,000		appropriate filing fo					a separate and	
9. י	Name and Address of Current Re	egistered Agent	Name	10	. It changed, new registered a	agent/office		
David F. Hannan 8211 West Broward Blvd. Suite 460		NI	W ADDRESS					
		7.	Street Address (P.O. Box Number Is Not Acceptable) 7301 N.W. 4th Street					
			Apt # etc Suite 102					
	City			lantation		FL 3333		
10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above named limited partnership organized or registered under the taws 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). Thereby accept the approximent of registered agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes								
SIGNATURE (Registered Age	nt Accepting Appointment)	()			DATE _	6/1/99	,	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
11. Names of Genera		Address of Each G (Do NOT Use Post Off	lenera' Partner	T	State and Zip Code		gistration ent Number	
Patron Deve	lopment, Inc.			Plantatio	n, FL 33317	J57190		
		Suite 102			0000029 -00/16/1	907020 9901103-)8 001	
					****64	3.75 ****	643.75	
AR -	280.00	THIS IS	THE ANNUAL	REPORT E	OR THE YEARS			
			, 1997, 199					
ARWAP -	355.00					J		
CUS	8.75							
		1		n.	1.1			
\$ (343.75				0/10/99			

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 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 if builted by chapter 620, Florida Statutes.

SIGNATURE _

Typed or Printed Name of General Partner Signing Form DAVIO F. HANNAN

Telephone Number 954-476-6769

CR2E039 (12/98)

Law. Offices of DAVID F. HANNAN A Professional Association



David F. Hannan, Esquire

7301 Northwest 4th Street Suite 102 Plantation, FL 33317

Telephone: 954-476-6789 Telecopier: 954-476-6424

June 2, 1999

Department of State Division of Corporations

DELIVERY IN HAND

Re: Reinstatement of Augusta Associates-Windsor Plaza Limited Partnership

Gentlemen:

I enclose the application for reinstatement of Augusta Associates-Windsor Plaza Limited Partnership and my check for the annual franchise taxes or fees for calendar years 1996 through 1999 in the amount of \$158.75 per year or \$635.00 together with the cost of a certificate of status in the amount of \$8.75 for a total check of \$643.75.

On behalf of Augusta Associates Windsor Plaza Limited Partnership, I respectfully request that the reinstatement fees be waived. Attributable to the unavailability of the principal of the general partnership corporation and his various relocations, the annual report resulting in dissolution was never received by him. I have now been designated an officer of the general partner corporation and have changed the address of the corporation to my office address. Accordingly, hereafter I will be able to sign the annual reports and this problem will not re-occur.

I thank you for your consideration of this matter.

Very truly yours,

DFH:ck enclosure

3/2 4/10/99