

APPLICATION FOR  
REINSTATEMENT  
LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 20 AM 10:43

DOCUMENT # A31005

1. Name of Limited Partnership

East-Town Shopping Center, Limited

DO NOT WRITE IN THIS SPACE

2. Mailing Address  
850 N.E. 5th Avenue

3. Principal Office Address  
850 N.E. 5th Avenue

4. Date Formed or Registered  
To Do Business in Florida December 28, 1990

Suite, Apt. #, etc.

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5. FEI Number  
95-6420843

City & State  
Boca Raton, FL

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Boca Raton, FL

6. CERTIFICATE OF STATUS DESIRED  58.75 Additional Fee required for a Certificate of Status

Zip Country  
33432 U.S.A.

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33432 U.S.A.

7. State or Country of Formation Florida

8a. Capital Contributions as Shown on Record  
\$1,787,500.00

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.  
2.) Supplemental Fee(s): \$103.75 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.

8b. Amount of Capital Contributions in FLORIDA to date:  
\$1,787,500.00

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 registered agent/office

Robert C. Muir  
2424 North Federal Highway  
Suite 459  
Boca Raton, FL 33432

Name Robert C. Muir  
Street Address (P.O. Box Number Is Not Acceptable) 850 N.E. 5th Avenue  
Suite, Apt. #, etc.  
City Boca Raton FL Zip Code 33432

10a. 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.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Robert C. Muir Revocable Trust dated October 20, 1984	850 N.E. 5th Avenue Boca Raton, FL 33432		N/A 100002327081--1 -10/22/97--01086--006 ***2623.75 ***2623.75

REINSTATEMENT 96-98

cus ok 10-28

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 required by chapter 620, Florida Statutes.

SIGNATURE

*Robert C. Muir*  
Robert C. Muir

DATE 9/29/97

Typed or Printed Name of General Partner Signing Form

Telephone Number (561) 392-7777

CR2E039 (1/97)