

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED

02 NOV 20 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jeffrey Smith
Secretary of State
DIVISION OF CORPORATIONS

A31342

DOCUMENT # A31342

1. Name of Limited Partnership

2001 DDSLTD Limited

2. Principal Office Address

10 S. Broadway

Suite, Apt. #, etc.

Suite 1400

City & State

St. Louis, MO

Zip

63102

Country

USA

3. Mailing Office Address

10 S. Broadway

Suite, Apt. #, etc.

Suite 1400

City & State

St. Louis, MO

Zip

63102

Country

USA

REINSTATEMENT

7007

4. Date Formed or Registered
To Do Business in Florida

03/27/1991

5. FEI Number

59-3056765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:
\$3,666,289.00

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301-2525

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)

Brian Courtney
Asst. V. Pres.

DATE 11-12-02

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

10a. Registration
Document Number

Security Leasing Funding II, LLC

10 S. Broadway, Suite 1400

St. Louis, MO 63102

M98000000191

000009158750
11/22/02--01010--001 **1035.00

000009158750
11/22/02--01010--002 **8.75

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

DATE

11/8/02

Typed or Printed Name of General Partner Signing Form

Henry M. Edmonds, Manager

Telephone Number

314-621-7575

CR2E038 (9/01)