

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP				FLORIDA DEPARTMENT OF STATE Tallahassee, Florida Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A31499				FILED 98 JUL 30 AM 11:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE	
1. Name of Limited Partnership ARE CENTRAL FLORIDA TWO LIMITED PARTNERSHIP				30 CM	
2. Mailing Address P.O. Box 6481		3. Principal Office Address Advisors, Inc., 1900 Spring Rd.		4. Date Formed or Registered To Do Business in Florida 1991	
Suite, Apt. # etc.		Suite, Apt. #, etc.		5. FEI Number 23-2639282	
City & State Wyomissing, PA		City & State Oak Brook, IL		Applied For Not Applicable	
Zip 19610		Zip 60523		6. CERTIFICATE OF STATUS DESIRED. <input checked="" type="checkbox"/> YES (Additional Fee required for a Certificate of Status.)	
Country U.S.		Country U.S.		7. State or Country of Formation Pennsylvania	
8a. Capital Contributions as Shown on Record 1,230,775.51		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. 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.			
8b. Amount of Capital Contributions in FLORIDA to date 1,230,775.51					
9. Name and Address of Current Registered Agent				10. If changed, new registered agent/office	
Kathy A. Metzger 50 S.E. Kindred Street, Suite 107 Stuart, FL 34994				Name Kathy A. Metzger, Esq.	
				Street Address (P.O. Box Number Is Not Acceptable) 789 S. Federal Highway	
				Suite, Apt. #, etc. Suite 206	
				City Stuart	
				Zip Code FL 34994	
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) Kathy A. Metzger DATE 07/20/98					
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					
AMERICAN REAL ESTATE & DEVELOPMENT CO. C/O HERRIGAN ADVISORS, INC.		1900 SPRING ROAD SUITE 501		OAK BROOK, IL 60523	
P38383					
000002608350--1 -08/05/98--01095--004 ***2052.50 ***2052.50					
REINSTATEMENT					
000002608350--1 -08/05/98--01095--005 *****8.75 *****8.75					
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 John F. Herrigan DATE 7/16/98					
Typed or Printed Name of General Partner Signing Form John F. Herrigan Telephone Number 630-571-9199					

CR20039 (1/97)