

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
TAMARA B. HAMM
Secretary of State
DIVISION OF CORPORATIONS

A01 499

FILED

98 JUL 30 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **A01499**

1. Name of Limited Partnership
ARE CENTRAL FLORIDA TWO LIMITED PARTNERSHIP **30**
CM

2. Mailing Address P.O. Box 6481		3. Principal Office Address Clotmaged Advisors, Inc., 1900 Spring Rd.		4. Date Formed or Registered To Do Business in Florida 1991	
Suite, Apt. # etc		Suite, Apt. #, etc 501		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"/> 75 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 Kathy A. Metzger 50 S.E. Kindred Street, Suite 107 Stuart, FL 34994	10. If changed, new registered agent/office 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
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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) AMERICAN REAL ESTATE & DEVELOPMENT CO. C/O HERRIGAN ADVISORS, INC.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1900 SPRING ROAD SUITE 501	City, State and Zip Code OAK BROOK, IL 60523	11a. Registration Document Number P38383
REINSTATEMENT 97-98 cust / CM			000002608350--1 -08/05/98--01095--004 ***2052.50 ***2052.50 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. Horrigan* DATE **7/16/98**
 Typed or Printed Name of General Partner Signing Form **John F. Horrigan** Telephone Number **630-571-9199**

CR2E039 (1/97)