


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 AUG 22 AM 9:49

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # A31690

1. Name of Limited Partnership
Scottish Towers II Apartments Limited Partnership

2. Principal Office Address 1107 Hazeltine Boulevard	3. Mailing Office Address 1107 Hazeltine Boulevard
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Chaska, MN	City & State Chaska, MN
Zip 55318	Country USA

CR2E039 (11/05)

4. Date Formed or Registered To Do Business in Florida 6/25/1991	
5. FEI Number 41-1323523	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

7. FEES:

Filing Fee(s): **\$411.25** for each year due this office.

Supplemental Fee(s): **\$88.75** for each year due this office.

Penalty Fee(s): **\$500** for each year or part thereof limited partnership revoked on our records

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Steve Johnson* **asst. Secretary** DATE **8-9-06**
(REGISTERED AGENT MUST SIGN)

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
John B. Goodman Enterprises, Inc.	1107 Hazeltine Boulevard, Suite 200	Chaska, MN 55318	P27141

000079213070
 08/29/06--01016--016 **3000 00
REINSTATEMENT 04-06

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 *Patricia A. Bilich* DATE **8-17-06**
Patricia A. Bilich, Secretary of General Partner
Typed or Printed Name of General Partner Signing Form Telephone Number **952-361-8000**