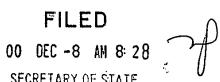
LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # 1. Name of Limited Partnership	A36	160			
P.A.D.A. Pr	artnei	28H16	, LTC)	
2. Principal Office Address 7290 33 PA	3. Mailing Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State VERO BYACH	FL	City & State			
Zip #32966 Country		Zip		Country	
8. Nam	e and Address o	Current Regi	stered Agen	at	
Name PAUL L.	ADAM	5			
Street Address (P.O. Box Number is 779003	Not Acceptable)	ST.			
Suite, Apt. #, Etc.					
City VERD BEAC	H		State	32966	

Typed or Printed Name of General Partner Signing Form



DOCUMENT # A3 \ \(\(\lambda \) \(\lambda \)				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
P.A.D.A. PARTNER		REINSTATEMENT 2000							
2. Principal Office Address 7290 33 PA	3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For Not Applicable					
City & State VERO BEACH FL	City & State			CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status					
Zip #32966 Country RC.	Žip	Country	L	7a. Capital Contributions as shown on Record: 357,991.73 7b. Amount of Capital Contributions in FLORIDA to date:					
8. Name and Address of	Current Registered Ager	at		Amount of Capital Continuous	ons in FLORIDA	4 io date.			
Name PAUL L. MDAMS Street Address (P.O. Box Number is Not Acceptable) 7 7 9 10 33 PD 57. Suite, Apt. #, Etc. City V2ND BYACH State 3966			2	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 jenalty 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 filling fee.					
9. Pursuant to the provisions of sections 620.1051 and 620.1 for the purpose of changing its registered office or register agent. I am familiar with, and accept the obligations of sections. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS	red agent, or both, in the State ction 620.192, Florida Statutes A CORPORAT	e of Florida. Such change	PART	zed by its general partner(s). I hereb	y accept the appo	ointment of registered	CR2E039 (11/99)		
10. Name(s) of General Partner(s)	Address of Each	General Partner Office Box Numbers)	V E 4411	City, State and Zip Code	10a.	Registration Document Number			
PAUL L. ADAMS + COUNTS PAUL L. ADAMS + DONNA K. MOAMS, CO TRUSTE		33RO ST	VER	33966 300003	95100				
Note: General partners MAY NOT	na changed on th	is form an am	Jandma .	****	641.25	1036001 ****641.25			
Note: General partners MAY NOT t									
11. I do nereby certify that the information supplied with the Corporations from any liability of non-comprance with son this annual report is true and accurate and the trustee empowered to execute this epoint as required by			ne exemption oplied is deer inder oath. I f	in stated in Section 119.07 (3)(i), Floric med exempt from public access. I ful further certify that I am a General Par	ther certify that the ther of the limited	ase the Division of the information indicated partnership, receiver of the control of the contro	d or		
SIGNATURE / / // // /	Thuso	<u>ٽ</u>		DATE	12/5/a	ソ 	_[

Telephone Number _