

A93000000491

PARTNERSHIP REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

01 MAY 31 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000000491

1. Name of Limited Partnership

HOMESTEAD HOUSING PARTNERSHIP I, LTD.

5/31
RJH

700004338667--4
-06/01/01--01073--037
***4927.50 ***3007.50

2. Principal Office Address		3. Mailing Office Address	
319 Clematis Street		319 Clematis Street	
Suite, Apt. #, etc. Suite 901		Suite, Apt. #, etc. Suite 901	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip	Country	Zip	Country
33401	USA	33401	USA

4. Date Formed or Registered To Do Business in Florida	
5/6/93	
5. FEI Number	Applied For
59-3211856	Not Applicable

6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status
7a. Capital Contributions as shown on Record:	
\$ 100.00	
7b. Amount of Capital Contributions in FLORIDA to date:	
\$2,496,293.00	

8. Name and Address of Current Registered Agent			
Name Wolfe, Leon J. Esq.			
Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street			
Suite, Apt. #, Etc. Suite 3500			
City	State	Zip Code	
Miami	FL	33131	

FEEES:

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) _____ DATE _____

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
Tacolcy HHP, Inc.	645 NW 62nd Street Suite 300	Miami, FL 33150	P93000063240
The Richman Group of Florida Florida, Inc.	319 Clematis Street Suite 901	West Palm Beach, FL 33401	P93000082822

FF 3,078.75
CLS 8.75

REINSTATEMENT

1999 -
2000 - 2001

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 Charles J. Krafnick DATE 5/23/01

Typed or Printed Name of General Partner Signing Form Charles Krafnick, Asst. Treasurer Telephone Number 203-869-0900

of The Richman Group of Florida, Inc.

CR2E039 (9/00)