

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

2. Principal Office Address

319 Clematis Street

Suite, Apt. #, etc.

Suite 901

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Office Address

319 Clematis Street

Suite, Apt. #, etc.

Suite 901

City & State

West Palm Beach, FL

Zip

33401

Country

USA

**4. Date Formed or Registered
To Do Business in Florida**

5/6/93

5. FEI Number

59-3211856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **XX**

\$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

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.

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

Miami

State
FL

Zip Code

33131

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)