
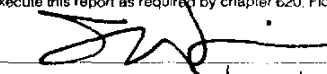


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN -8 AM 10:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE	
DOCUMENT # A9300000492 1. Name of Limited Partnership Husked Housing Partnership II, LTD					
2. Mailing Address 120 S. Olive Ave Suite, Apt. #, etc 300 City & State West Palm Beach FL Zip 33401 Country USA		3. Principal Office Address Same Suite, Apt. #, etc City & State Zip Country		4. Date Formed or Registered To Do Business in Florida 5/6/93 5. FEI Number 65-0637239 Applied For Not Applicable	
8a. Capital Contributions as Shown on Record 3,694,642		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): \$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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7. State or Country of Formation	
8b. Amount of Capital Contributions in FLORIDA to date 3,694,642		9. Name and Address of Current Registered Agent Wolfe, Leon J. Berman Wolfe + Renart 100 SE Second Street Miami FL 33131-2130			
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.				10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City FL Zip Code	
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.					
11. Names of General Partner(s) The Richman Group of FL		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 120 S. Olive Ave # 300		City, State and Zip Code West Palm Beach FL 33401	
				11a. Registration Document Number P9300008787Z 300002902563--9 -06/11/99--01092--001 ***1026.25 ***1026.25	
REINSTATEMENT 99 3.694.642					
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 		DATE 5/6/99		Telephone Number 561-659-2050	
Typed or Printed Name of General Partner Signing Form Shawn Wilson					

CR2E039 (1/2/98)