

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
San Jose, Marian
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 27 PM 4:19

DOCUMENT # A93000000909

1. Name of Limited Partnership

Sherwood Forest Limited Partnership

4/18/97

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 4255 Gulf Shore Blvd. North Suite, Apt. #, etc.		3. Principal Office Address 4255 Gulf Shore Blvd. North Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 09/03/1993	
City & State Naples, Florida		City & State Naples, Florida		5. FEI Number 65-0438406	
Zip 33940		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation Florida	

8a. Capital Contributions as Shown on Record: \$99.00	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): \$103.75 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.
8b. Amount of Capital Contributions in FLORIDA to date \$99.00	

9. Name and Address of Current Registered Agent Scott Henney 4255 Gulf Shore Blvd. North Naples, Florida 33940	10. If changed, new registered agent/office Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc. City Plantation FL Zip Code 33324
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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.

SIGNATURE (Registered Agent Accepting Appointment) Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY DATE 10/22/97

**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) Premier Capital Corporation Inc.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7507 Fenway Road	City, State and Zip Code New Albany, Ohio 43054	11a. Registration Document Number F93000005950
			400002381114--1 -10/28/97--01014--020 ****821.25 ****821.25
REINSTATEMENT			97-98 kwm cus

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 By: Joel Fisher **Premier Capital Corporation, Inc.** DATE 10-15-97
Typed or Printed Name of General Partner Signing Form Telephone Number

CR2E039 (1/97)