APPLICATION FOR REINSTATEMENT **FOR** LIMITED PARTNERSHIP



FLORIDA DEPARMMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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A93000001041 1. Name of Limited Partnership

			DOI	NOT WRITE IN THIS SPACE	
2. Malling Address 1800 Corporate Blyd. N.W.	3. Principal Office Ad	ldress	4. Date Formed or Regis To Do Business in Flo	stored yida 10/11/93	
Sulte, Apt. #, etc. #300	Suite, Apt. #, otc.		5. FEI Number	Applied For	
City & State	City & State	- 112	65-0440954	Not Applicab	
Boca Raton, FL 33431 Zip Country	- 	Country	CERTIFICATE OF STAT	S8.75 Additional Fee require for a Certificate of Status	
33431 U.S.A.			7. State or Country of Fo	ormation F1	
8a. Capital Contributions as Shown on Record \$100.00 8b. Amount of Capital Contributions in FLORIDA to date \$100.00	\$437.8 2.) Supple 3.) Ponalt	50, for each year due this comentel Fee(s): \$103.75 for y Feo(s): \$500 penalty foo entered in 8b is greater the	flice. gach yoar due this office, beginning with 199 for each yoar report form is defineuent.	ith a minimum filing foo of \$52.50 and a maximum of 2 calendar year. Iavit must be submitted along with a separate and	
9. Name and Address of Current I	Registered Agent	T	10. If changed, new r	registered agent/office	
Siegel, Ned L. ///Sc/o -903 Communities, Inc. 1800 Corporate Blvd. N.W. #300		Name	Name		
			Street Address (F.O. Box Number Is Not Acceptang 2/09/97 01038 005 Suite, Apt. #, etc. ####656, 25 ####656, 25		
Boca Raton, FL 33431	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City		FI Zip Code	
				aws of the State of Florida, submits this statement	
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations GIGNATURE (Registered Agent Accepting Appointment).	gistered agent, or both, in the section 620,192, Florida S	ne State of Florida. Such of statutes	nange was authorized by its general partner(D PARTNERSHIP OR O	(s) I heroby accept the appointment of registered DATE. THER BUSINESS ENTITY	
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT I MUST	g-stered agent, or both, in the section 620, 192, Florida S S A CORPORA BE REGISTEF Address of Ea	ne State of Florida. Such of statutes	nange was authorized by its general partner(S). Thereby accept the appointment of registered DATE. THER BUSINESS ENTITY	
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT I MUST 11. Names of General Partner(s)	S A CORPORA BE REGISTEF (Do NOT Use Por	ATION, LIMITE RED AND ACT ach General Parther st Office Box Numbers)	D PARTNERSHIP OR O IVE WITH THIS OFFICE City, State and Zip Code	DATE . THER BUSINESS ENTITY . 11a. Reg stration Document Number 499000001041	
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I MUST	S A CORPORA BE REGISTEF (Do NOT Use Por	ATION, LIMITE RED AND ACT ach General Partner st Office Box Numbers)	D PARTNERSHIP OR O'IVE WITH THIS OFFICE City, State and Zip Code Boca Raton, FL	DATE . THER BUSINESS ENTITY 11a. Registration Document Number	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do horeby 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 accordance and that my signature shall have the same logal effects as if made under eath. 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

Wycliffe Dev. Sorp. President

Telephone Number (561) 998-9200