APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

DOCUMENT #

1. Name of Limited Partnership



A94 000000146

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED W 6/25

SECHE MASSEL FLORIDA

INTENDENCO SPINNAKER BAY, LTd.		TALLAHASSEL	TALL AHASSEL PLUNIDA	
2. Maling Address 7310 Spinnaken by Daw Suite. Apr # etc Cry & Staty LAK = Worth, Fla. Zip Country V, SA, 8a, Capital Contributions as Shown on Record Z, 175, 000 8b. Amount of Capital Contributions in FLORIDA to date	\$437.50, for each year due this office 2.) Supplemental Fee(s): \$88.75 for eac 3.) Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 8b is greater than a appropriate filing fee.	4. Date Formed or Registered To Do Business in Florida 5. FEI Number 6. CERTIFICATE OF STATUS DESIF 7. State or Country of Formation 7. State or Country of Formation 7. State or Country of Formation 87 per \$1,000 on amount entered in 8b, with a minime of the year due this office, beginning with 1992 calendary each year report form is delinquent amount entered in 8a, a supplemental affidavit must be a supplemental affida	Se 75 Additional Fee required for a Certificate of Status FLOKIDA um filing fee of \$52.50 and a maximum of year es submitted along with a separate and	
9. Name and Address of Current Registered Agent Name			10. If changed new registered agent/office	
Miani, Fla. 33172		Bill Prado. ess (PO Box Number Is Not Acceptable) 310 Spinnalker Be etc Worth	ON Number is Not Acceptable) Spinnaller Bay Dains	
Pursuant to the provisions of sections 620-1051 and 620-1051 and 620-1051. Flor da 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 620-100 Florida Statutes. SIGNITURE (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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City. State and Zip Code	11a. Registration Document Number	
ALTA & Spinnakon Buy, INC.	7310 Spinnallen Bay Daive LAKE Worth, FlA.		P990000 33369	
	LAKS Worth, FlA.	<i>つろ46</i> 7、 7000029 -07/01/ ***205	214775 9901091009 2.50 ***2052.50	

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

12, I do hereby certily 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 Too netery certify that the information supplies with its ningle a voluntarity contained and observed quality or repeated provided and the supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee.

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 readired by

SIGNATURE.

Typed or Printed Name of General Partner Signing Form