

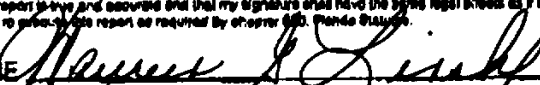
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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NYK 8/26/99
DO NOT WRITE IN THIS SPACE

4/12/96

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE A9400000676 DIVISION OF CORPORATIONS	
DOCUMENT # A9400000676			
1. Name of Limited Partnership CAPITAL REALTY PARTNERS, L.P., LTD.			
2. Mailing Address 7650 Bayshore Drive Suite, Apt. #, etc. Apt. 403B		3. Principal Office Address 7650 Bayshore Drive Suite, Apt. #, etc. Apt. 403B	
City & State Treasure Island, Florida		City & State Treasure Island, Florida	
Zip 33706	Country U.S.	Zip 33706	Country U.S.
4a. Capital Contributions as Shown on Records: \$622,000.00		4b. Amount of Capital Contributions in U.S. Dollars in Cash: \$686,000.00	
FEES:: Filing Fee: Compute at a rate of \$7 per \$1,000 on amount entered in 4b with a minimum filing fee of \$35.00 and a maximum of \$497.50, for each year due this office. 3.) Supplemental Fee: \$65.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee: \$500 penalty fee for each year return fees is delinquent. Note: If the amount entered in 4b is greater than amount entered in 4a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
5. Name and Address of Current Registered Agent RONALD C. WHITE, P.A. 5348 FIRST AVENUE NORTH ST. PETERSBURG, FLORIDA 33710		6. If changed, new registered agent's office: Name N/A Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City FL Zip Code 33706	
10a. Pursuant to the provisions of sections 620.1061 and 620.1062, 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 620.106, 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.			
11. Names of General Partner(s) MAUREEN G. LINSKY Adm - \$2,000.00 AR 1,750.00 AR SUPP 355.00 CERT 8.75 \$4,113.75		11a. Registration Document Number 800002974608--0 -08/31/99-01048--011 ***4581.75 ***4113.75	
Address of Each General Partner (Do NOT Use Post Office Box Number) Mansions by the Sea Condominium 7650 Bayshore Drive Apt. 403B		City, State and Zip Code Treasure Island, Florida 33706	
REINSTATEMENT 1996-1999 (NYK) (CUB)			
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)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(c) in the event that the information supplied is deemed exempt from public access. I further certify that the information pertains to this annual report filing and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to submit this report as required by chapter 620, Florida Statutes.			
SIGNATURE 		DATE 8/24/99	
Typed or Printed Name of General Partner Signing Form MAUREEN G. LINSKY, General Partner		Telephone Number (727) 360-7811	