FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG 26 PM 4:40

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

A94000000676

DOCUMENT # A94000000676

1. Name of Limited Partnership
CAPITAL REALTY PARTNERS, L.P., LTD.

4/12/96

BK 8/26/99

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida: 5/18/94
7650 Bayshore Drive	7650 Bayshore Drive	
Suite, Apt. #, etc.: Apt. 403B	Suite, Apt. #, etc.: Apt. 403B	5. FEI Number: 59-3236378 (Applied For / Not Applicable)
City & State: Treasure Island, Florida	City & State: Treasure Island, Florida	6. CERTIFICATE OF STATUS DESIRED [X]
Zip: 33706 Country: U.S.	Zip: 33706 Country: U.S.	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Records: $622,000.00

8b. Amount of Capital Contributions in FLORIDA in date: $686,000.00

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 $437.50, for each year due this office.
2.) Supplemental Fee(s): $53.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year years) here 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.

9. Name and Address of Current Registered Agent

RONALD C. WHITE, P.A.
5348 FIRST AVENUE NORTH
ST. PETERSBURG, FLORIDA 33710

10. If changed, new registered agent/office

Name: N/A
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, etc.:
City: FL. Zip Code:

10a. Pursuant to the provisions of sections 620.1061 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) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	11a. Registration Document Number
MAUREEN G. LINSKY	Mansions by the Sea Condominium 7650 Bayshore Drive Apt. 403B	Treasure Island, Florida 33706	

ADM - $2,000.00
AR 1,750.00
ARSUPP 355.00
CERT 8.75
$4,113.75

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-08/31/99--01048--011
***4581.75 ***4113.75

REINSTATEMENT 1996-1999

BK (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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect 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 Maureen G. Linsky DATE 8/24/99

Typed or Printed Name of General Partner Signing Form MAUREEN G. LINSKY, General Partner Telephone Number (727) 360-7811