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	MY	IQU BETAR		APT ON LET IG THIS FO	KUYL AND BITO	
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	FLORIDA DEPAR		TE	. 04 MAI	otati	
PARTNERSHIP REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DOCUMENT # A94000	201144				71992) ⁻ -
Florida Capital Income Fund, Ltd.				REMSTATE	MENT _200	4
2. Principal Office Address 257.0. U.S. Hwy 9.8.N.	3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number 650523970	Applied For Not Applicable	
City & State Lakeland FL	City & State Lakela	nd FL		6. CERTIFICATE OF STATUS DESIRED [\$8.75 Additional Fee required for a Certificate of Status	
Zip Country	Zip	Country		7a. Capital Contributions as shown or	n Record:	-
33809 USA	33809	USA		7b. Amount of Capital Contributions in	FLORIDA to date:	
8. Name and Address of		nt				ł
Barcap Kenty Services Grove, Inc.				1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning		
Street Address (P.O. Box Number is Not Acceptable) 3570 US Hwy 98 N						
Suite, Apt. #, Etc.	<u></u>			with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for:		
City	State F1	Zip Code		Note: If the amount entered in 7b is a 7a, a supplemental affidavit must be and appropriate filing fee.	greater than amount entered in	ĺ
9. Pursuant to the provisions of sections 820 1051 and 820		we-named limited partnershir	n organi		of Florida, submits this statement	ĝ
9. Pursuant to the provision's of sections 820-1051 and 820-192. 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) AWM DATE 9. DATE						E039 (10/02)
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT						8
MUST	BE REGISTERI	ED AND ACTIV	E W	ITH THIS OFFICE.	BUSINESS ENTITY	1
10. Name(s) of General Partner(s)	(Do NOT Use Post	h General Partner Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number	ŀ
Boron Capital II, Inc.	3570 US	Hwy 98 N	L	akeland FL 33809	P940000680Z3	
F			i ·	300037 3 05/25/0401070	04283 -018 **782.50	
					52404	
ي ال			L		804283 - 019 **500.00	
Note: General partners MAY NOT			_			1
11. 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 turther 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 AMM				DATE	4-28-04 38532882	
Typed or Printed Name of General Partner Signing Form	J STEPHEN	MILLER			3853 2852	1