


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 24 AM 9:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE	
DOCUMENT # A 9400000 1504 1. Name of Limited Partnership PALM TREE INCOME FUND, #1 LTD					
2. Mailing Address 87 ANDOVER LANE Suite, Apt #, etc — City & State WILLIAMSVILLE N.Y. Zip 14221 Country		3. Principal Office Address SAME Suite, Apt #, etc City & State Zip Country		4. Date Formed or Registered To Do Business in Florida 9/94 5. FEI Number 65-0531601 Applied For <input checked="" type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7. State or Country of Formation FLORIDA	
8a. Capital Contributions as Shown on Record 1,400,000 8b. Amount of Capital Contributions in FLORIDA to date 1,400,000		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 of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form 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 JAMES COLOSIMO 4099 TAMiami TRAIL # 305 NAPLES, FLORIDA 34103			10. If changed, new registered agent/office Name RICHARD GALVIN Street Address (Post Office Box is not appropriate) 6777 WINKLER ROAD Suite, Apt #, etc 158-A City FORT MYERS FL Zip Code 33907		
10a. Pursuant to the provisions of sections 620.1051 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) [Signature] RICHARD GALVIN DATE 5/14/99					
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) PALM MANAGEMENT GROUP INC.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 87 ANDOVER LANE		City, State and Zip Code WILLIAMSVILLE, N.Y.	
				11a. Registration Document Number P 940000065430 900002921629--3 -07/01/99--01103--010 ***1026.25 ***1026.25 99 5-1-99	
REINSTATEMENT					
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)(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 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 [Signature] for Palm Management Group Inc. DATE 5/14/99 Typed or Printed Name of General Partner Signing Form RICHARD GALVIN for Palm Management Telephone Number 716-866-0729					

CR2E039 (12/98)