FCR DIVISION OF CORPORATIONS				SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # A9400001641  1. Name of Limited Partnership				96 DEC 16 AM 11: 49			
Preudential Associate	's Limited Pare	trevsh	7				
				DO NOT WRITE IN THIS SPACE.			
3516 h Avenue W	3. Principal Office Address 351 6th August Suite, Apt *, etc			4. Date Formed or Registered To Do Business in Florida 12/5/94  5. FEI Number Applied For			
					-1	Applied For	
Come State Country Country Country Country Country		<u>vida</u>		6. CERTIFICATE OF STATUS DESIRED X SIT Additional terriforms			
34205 USA	34205 USA		-	7. State or Country of Formation			
8a. Capital Contributions as Shown					<del> </del>		
on Record \$3,00,00 FEES:1.) Filing Fee(e): Computed at a rate of \$7 per \$1,00 \$437.50, for each year due this office.					-	lo mumixam a bna (	
8b. Amount of Capital Contributions in 3.) Penalty Fee(s): \$138.75 for each year due 3.)				ri lorm la delinquent.			
FLORIDA to date	Note: If the amount entered in 8b i appropriate filing fee.	la greater than an	nount entered	l in 8a, a supplemental affidavit must b	a submitted along with	h a ceparate and	
70-0	9. Name and Address of Current Registered Agent		10. If changed, new registered agont/office				
		Name	Name				
Michael J. Dayle			Street Address (P O Box Number Is Not Acceptable)				
351 6th Avenue Dest			Suite Apt #. etc 900020346102 -12/20/9601021001				
Brackenton, Pla 34205			-12/20/30 -01021801 City ************************************				
10a. Pursuant to the provisions of sections 620 1051 and 620	0 192, Florida Statules, the above-name	d limited partner	ship organize	od or registered under the laws of the	State of Florida, subm	nits this statement	
for the purpose of changing its registered office or ragii agent it am familiar with land accept the obligations of i		rida Such chang	e was author	ized by its general partner(a). Thereby	accept the appoint	ment of registered	
SiGNATURE (Registered Agent Accepting Appointment)				DATE			
A GENERAL PARTNER THAT IS	A CORPORATION, L BE REGISTERED AN				BUSINES	S ENTITY	
11. Names of General Partner(s)	Address of Each General P. (Do NOT Use Post Office Box N	artner		City. State and Zip Code		agistration ment Number	
5m-Reudential, Inc	351 6th Avenue U	D. (	Broder	Horo, Floxida 34205	P940000	87854	
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•				0000020 -12/20/9 ***1573	601021-   75 ***1	-002 573.75	
	1						
Note: General partners MAY NOT b	e changed on this form	n: an amai	ndment	must he filed to sher	ngo o gonor	l nortnar	
12. I do hereby certify that the information supplied with this fit Corporations from any liability of non-compliance with Set Itis annual report is line and accurate and that my signals empowered to execute this report as required by chapter	iling is voluntarily furnished and does no ction (19 07(3)(k) in the event that the in ure shall have the same legal effects as	ot qualify for there aformation supplie	examption sta	sted in Section 119.07(3)(k), Fjorida St. f exempt from public access. I furițier	atutes. I release the C certify that the inform	Division of sation indicated on	



December 13, 1996

Florida Department of State Division of Corporations Attn: Partnership Section 409 E. Gaines St. Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find our Application for Reinstatement for Limited Partnership pertaining to Prudential Associates L.P. and our payment by check #38518 in the amount of \$1,573.75. We have also enclosed a check in the amount of \$8.75 for a Certificate of Status.

Please use the enclosed, preprinted U.P.S. shipping material to return our Certificate of Status.

Thank you for your assistance.

Sincerely,

Kimberly L. Graus General Counsel

KLG:kmb

**Enclosures**