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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
PLEASE READ ALL INSTRUCTIONS BEFORE OF LIMITED PARTNERSHIP REINSTATEMENT PASSON OF CORPORATIONS DOCUMENT # A95000000287		ATE	TALLAHASSEROF PH 1:51				
DOCUMENT # A95000000287 1. Name of Limited Partnership BALLANTRAE VENTURES, LTD.				PK	TI ORIGA		
2. Principal Office Addre	Principal Office Address 3. Mailing Office Address			4. Date Formed or Registered			
5290 H1atus.	Rd.	5290 Hiatus	.Rd.		To Do Business in Florida	03/01/1995	
Suite, Apt. #, etc.				5. FEI Number 65-0561461	Applied For Not Applicable		
City & State	City & State City & State			6. CERTIFICATE OF STATUS DESI	RED S8.75 Additional Fee required for a Certificate of Status		
Sunrise, FL		Sunrise, FL					
^{Zip} 33351	Country US	^{Zip} 33351	Country US		7a. Capital Contributions as sho \$20,000,000.0	0	
	8. Name and Address of	Current Registered Age:	nt		\$20,000,000.0		
Name James Davis				FEES: 1.] Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered			
	Number is Not Acceptable)				In 7b, with a minimum fiting fee of \$52.50 and a maximum of \$437.50, for each year due this office.		
Suite, Apt. #, Etc.	TIACOS: NO.				 Supplemental Fee(s): \$88.75 for with 1992 calendar year. 	or <u>each year due</u> this office, beginning	
City		State	Zip Code		Note: If the amount entered in:	e for each year report form is delinquent. To is greater than amount entered in at be submitted along with a separate	
Sunrise FL 33351 and appropriate filing fee. 9. 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) X Aux. DATE DATE							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
10. Name(s) of G	oneral Partner(s)		General Partner Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number	
Ballantrae.Co	ountry Club, In	c. 5290 Hiatu	s Rd.	Sun	rise, FL 33351	P94000046711	
					70005 0 06/29/05010	6635657 008001 **2052.50	
		NSTATE					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
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), Prorida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(ii) 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 and accurate and that my signature shall have the same logal effects as it made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by employed. For ids Statutes.							
SIGNATURE X JAMES R. Quius							
Typed or Printed Name of General Partner Signing Form By: James Davis, President Telephone Number 954-572-2821							