APPLICATION FOR REINSTATEMENT OF LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

A95000001097

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 19 AM 11:26

DOCUMENT # A95000001097

1. Name of Limited Partnership
Gullane Ltd.

6-19

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
8611 Gullane Ct	8611 Gullane Ct	07/18/95
Suite, Apt #, etc	Suite, Apt #, etc	5. FEI Number: 65-0633322 [X] Applied For [ ] Not Applicable
City & State: Palm Bch Gdns FL	City & State: Palm Bch Gdns FL	6. CERTIFICATE OF STATUS DESIRED [ ]
Zip: 33412 County:	Zip: 33412 County: Palm Beach	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record.
$3,000

8b. Amount of Capital Contributions in FLORIDA to date
$3,000

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 the office.
2.) Supplemental Fee(s): $103.75 for each year due this office, beginning with 1982 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

August J Cassella
8611 Gullane Court
Palm Beach Gdns FL 33412

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt #, etc.

City FL Zip Code

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) _____ DATE _____

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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration/Document Number
August J Cassella	8611 Gullane Ct	Palm Bch Gdns FL	~~A95000001097~~

100002221841--5
-06/24/97--01094--001
****400.00 ****400.00

100002221841--5
-06/24/97--01094--002
****256.25 ****256.25

REINSTATEMENT 97 KWM

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 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 _____ DATE 6/10/97

Typed or Printed Name of General Partner Signing Form: August J Cassella Telephone Number _____