PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
	FLORIDA DEPARTMENT OF STATE	FILED	
PARTNERSHIP REINSTATEMENT	Katherine Harris Secretary of State	01 FEB -5 PM 2:	07
	DIVISION OF CORPORATIONS	SECRETARY OF STA TALLAHASSEE, FLOR	TE RIDA
Name of Limited Partnership			
DEADON	- REALTY COMPANY LTD		/
Principal Office Address 1784 DEAUVILLE	3. Mailing Office Address 1670 DAIVIEW HUE	4. Date Formed or Registered To Do Business in Florida	1/20/1995
uite, Apt. #, etc.	Suite, Apt. #, etc. Cuife 4-00	5. FEI Number 65 -063082	Applied For Not Applicable
Boen Akn	City & State - ONTANIO	CERTIFICATE OF STATUS DESIRED	Tot a certificate of otatus
in Country	M4G3C2 CANADA	7a. Capital Conflictions as shown on 7b. Amount of Capital Contributions in) -
8. Name and Address of C	\$1400		
THE Address (P.O. Box Number is Not Accentable).	MILLE KANE	FEES 1.) Filing Fee(s): Computed at a rate of \$5 in 7b, with a minimum filing fee of \$52 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each	per \$1,000 on amount entered 50 and a maximum of \$437.50,
wite, April # 100 A TO. R.	with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for early the amount entered in 7b is grant a supplemental affidavit must be si	ach year report form is delinquent. eater than amount entered in	
-TORION	FL 33496	and appropriate filing fee.	
Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited particleship 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 phange 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 620.199, Florida Statutes. DATE DAT			
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 General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a Registration Document Number
			-01048018 75 *******
DEqualle hANE	1842 Mela	Buch Rator	P92000000
DEINICTATES	MEANT 2000 -	83496	00 FF 506.00
. ? RENVOIAIEN	800 <u>40</u> 37437	2309 048-019	oiff bala oiff-NA

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 yoluntarily 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 19.07(3)(i) in the eyent 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 leagh 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 \$20\$, Florida Striutes

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

___ Telephone Number __

CR2E039 (9/00)