			1 (#1) 468	r. 75)	
APPLICATION FOR  REINSTATEMENT  FOR  LIMITED PARTNERSHIP			1237   12		
DOCUMENT #  1. Name of Limited Partnership	. 17950vi	1001389	97 DEC -8	PM 4: 18	
R.P. FNUESTURS,		4/12/96		OF STATE OF FLORIDA EINTHIS SPACE.	
2. Mailing Address 930 SOUTH 310 ST	3 Principal Office Address S. 3 rd S7	- · · · · · · · · · · · · · · · · · · ·	4. Date Formed or Registered To Do Business in Florida	1195	
Suite, Api #, etc 2-06	Suite, Apt, #, etc. 206 City & State		5. FEI Number 59-333869	1 1	ipplied For lot Applicable
TACKSONVILLE BUY	JACKSONVICE BC4 1-C		6. CERTIFICATE OF STATUS DESIRED or S8.75 Additional Fee required for a Certificate of Status		Fee required
32250 DUVAL		UVAC	7. State or Country of Formation	Dund B	e of Status
88. Capital Contributions as Shown on Record:	FEES:1.) Filling Fee(s): Compute \$437.50, for each year		,000 on amount entered in 8b, with a minimi	um tiling too of \$52.50 and a	maximum of
8b. Amount of Capital Contributions in FLORIDA to date:	2.) Supplemental Fee(s): \$103.75 for gach year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for gach 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 R		Name	10. If changed, new registered a	agent/office	
TIMOTHY U HUTERS		Street Address (P.O. Box Number le Not Georgebig) 2370405-4			
830 S. ThinDST #206 TACKSONULLE Beh, PL 32252		Suite, Apt. #, etc12/12/3701022004			
J MCKSOPICCE ISCA, 122 3 CZSC		***2306.25 ***1468.75 City FL 7tp Coode			
10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statulos, 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 Stations.  SIGNATURE (Registered Agent Accepting Appointment).					
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 Par (Do NOT Use Post Office Box No	rtner	City, State and Zip Code	11a. Registrat	
R.P. SPONTS SENT	830 S. Thirds	T TA	CKSONILLE Beh		
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\$1,468.75	WKS		A.0	R.	
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 decimal 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 regulared by chapter 620. Florida Statutes					

ij,

SIGNATURE V

Typed or Printed Name of General Partner Signing Form

DATE 12/8/97

\_\_\_ Telephone Number \_\_\_