

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 12 PM 12:04

DOCUMENT # A95000001494

1. Name of Limited Partnership
TRANSEASTERN PLANTATION APTS, LTD.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 3300 University Drive		3. Principal Office Address Suite, Apt #, etc.		4. Date Formed or Registered To Do Business in Florida 8-30-95	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. FEI Number 65-0619993	
City & State Coral Springs		City & State		Applied For Not Applicable	
Zip 33065	Country U.S.A	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Additional Fee required for a Certificate of Status	
				7. State or Country of Formation FLORIDA	

8a. Capital Contributions as Shown on Record 700,000.00	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 this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 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.
8b. Amount of Capital Contributions in FLORIDA to date	

9. Name and Address of Current Registered Agent Edward Falcone 3300 University Drive Coral Springs, FL 33065		10. If changed, new registered agent/office Name 9000002180329--2 Street Address (P.O. Box Number is Not Accepted) 05/15/97--01101--016 Suite, Apt #, etc. ***2002.50 ***1041.25 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) *Edward Falcone* DATE **5-8-97**

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) Transeastern Plantation Apts, Inc	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3300 University Dr	City, State and Zip Code Coral Springs, FL 33065	11a. Registration Document Number A95000042311
---	---	--	--

REINSTATEMENT 97 Kam

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 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 *Edward Falcone* DATE **5-8-97**
Typed or Printed Name of General Partner Signing Form **Edward Falcone,** Telephone Number

CR2E039 (1/97)