

| REINSTATEMENT FOR LIMITED PARTNERSHIP  DOCUMENT # 1. Name of Limited Partnership  TK-SV, L+d.  2. Mailing Address G302 BENJAMIN RD, STE 400  Suite, Apt 4, etc.  Suite, Apt 4, etc.   |  |           | FILED  99 JUN 25 AM 10: 55  SECRÉTARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE  4. Date Formed or Registered To Do Business in Florida  5. FEI Number  Applied For |                                   |  |
|---|--|-----------|---|-----------------------------------|--|
| City & State  | City & State   |           | 59-3345190 Not Applicable   |                                   |  |
| Zip Country   | Zip Country  |           | 6. CERTIFICATE OF STATUS DESIRED 58.72 Addition a Feb required to a Certificate of Status   |                                   |  |
| 33634 USA   | 33634 U  | ISA       | 7. State or Country of Formation  |                                   |  |
| 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): \$500 penalty fee for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year raport form is definquent. 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 Name  |  | Nama      | 10. If changed, new registered agent/office   |                                   |  |
| THOMPSON, DONALD C.  THOMPSON-KIRK PROPERTIES, INC.  STOR REMINAUN ROAD STE 400   |  |           | set Address (P.O. Box Number Is Not Acceptable)   |                                   |  |
|   |  |           | Suite, Apt #, etc   |                                   |  |
|   |  |           |   |                                   |  |
|   |  |           | FL  |                                   |  |
| 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 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 P<br>(Do NOT Use Post Office Box N |           | City, State and Zip Code  | 11a. Registration Document Number |  |
| DCT HOLDINGS, INC.  | G302 BENJAMI<br>SUITE 400                                  | N ROAD TA | MPA, FL 33634   | P94000035470                      |  |
| REINSTATEMENT 99 -06/25/9901009001 ****693.75 ****641.25  |  |           |   |                                   |  |
|   | × 6.   | 28 99     |   | FF \$641.25                       |  |
| 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 Donald C Trong non
Typed or Printed Name of General Partner Signing Form DONALD C. THOMPSON