PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT	Katherine Harms Secretary of State DIVISION OF CORPORATIONS	FILED 00 SEP 20 AM 9:34
DOCUMENT # AG6-165 1. Name of Limited Partnership Tampa Broad costing, Ltd.		SECRETARY.OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address SZOT Washington Bluds	5207 washington Blud.	4. Date Formed or Registered To Do Business in Florida 1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For Not Applicable
City & State Tempore F	City & State Tampe = F-(CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status 7a. Capital Contributions as shown on Record:
33619 Country USA	33619 Country USA	7b. Amount of Capital Contributions in FLORIDA to date:
8. Name and Address of	Current Registered Agent	/01
Name Dr. Glenn W. Cherry Street Address (P.O. Box Number is Not Acceptable) Szor Washington Blud. Suite, Apt. #, Etc. City Tampa. State Tampa. State Tampa.		1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and earst-reside files fee.
lampa	FL 336/9	and appropriate filing fee.
9. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.1052. 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) 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
Dr. Gland Clark	FZOT GOSKINGTON BLAN TO	F1.33619
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Note: General partners MAY NOT	be changed on this form; an amendr	nent must be filed to thange a gerieral partner.
11. I do hereby certify that the information supplied with this filling 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 Il W. Chymenging member of the General Below DATE 9/18/00		
Typed or Printed Name of General Partner Signing Form 66. Cherry Telephone Number 813-620-1360		