

APPLICATION FOR
REINSTATEMENT
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUN 24 PM 4:05

LIMITED PARTNERSHIP
ANNUAL REPORT 1999
DOCUMENT # **A9600000543**

DO NOT WRITE IN THIS SPACE

2. Mailing Address 772 US HIGHWAY 1 Suite, Apt. #, etc SUITE 200 City & State NORTH PALM BEACH, FL Zip 33408 Country PALM BEACH		3. Principal Office Address P.O. BOX 15529 Suite, Apt. #, etc City & State WEST PALM BEACH, FL Zip 33416 Country PALM BEACH		4. Date Formed or Registered To Do Business in Florida 03/20/96	
				5. FEI Number 65-0651512 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation FL	

8a. Capital Contributions as Shown on Record \$4,950	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): \$68.75 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City FL Zip Code
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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) _____ 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 Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
BECKER, MARGARET M.	13198 FOREST HILLS BLVD.	WEST PALM BEACH, FL 33410	000002921540-- -07/01/99--01099--002 *****141.25 *****141.25 000002821540--7 -07/01/99--01099--003 *****8.75 *****8.75 AL JUN 29 1999

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 Margaret M. Becker DATE 6/1/99
Typed or Printed Name of General Partner Signing Form Telephone Number

CR2E039 (1/2/98)

WIESENECK, ANDRES & COMPANY, P.A.

Certified Public Accountants

772 U.S. HIGHWAY 1
NORTH PALM BEACH, FLORIDA 33408
(561) 626-0400

THOMAS B. ANDRES, C.P.A., C.V.A.
PAUL M. WIESENECK, C.P.A.

Fax (561) 626-3453

STEVE A. GOINDOO, C.P.A.
LICENSED IN NEW YORK STATE
LISA M. JOHANSEN, C.P.A.

May 27, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

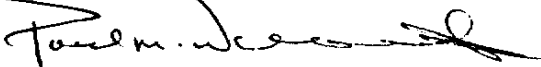
Re: Excalibur Investors, Ltd.
FEI# 65-0651512

Dear Sir/Madam,

We are the Certified Public Accountants for the above referenced taxpayer. We have been asked to respond to the non-filing status of Excalibur Investors, Ltd. Enclosed please find the Application for Reinstatement for Limited Partnership along a check in the amount of \$141.25 for the application fee and the supplemental fee. We did not receive the original annual report for the timely filing. If we would have received the report, we would have filed it on time.

If you need anything further, please do not hesitate to call our office.

Very truly yours,



Paul M. Wieseneck
Certified Public Accountant

c.c. Ms. Deborah Couples

Enclosures Application for Reinstatement for Limited Partnership
Check for \$141.25