

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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**REINSTATEMENT 2000**

DOCUMENT # A96000001250

1. Name of Limited Partnership  
 Tampa I Associates, Ltd.

2. Principal Office Address  
 15310 Amberly Dr.

3. Mailing Office Address  
 3348 Peachtree Rd.

4. Date Formed or Registered  
 To Do Business in Florida July 1996

Suite, Apt. #, etc.  
 Suite # 250

Suite, Apt. #, etc.  
 Suite #675

5. FEI Number 65-0685507 Applied For Not Applicable

City & State  
 Tampa, Fl

City & State  
 Atlanta, Ga.

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip Country  
 33647 USA

Zip Country  
 30326 USA

7a. Capital Contributions as shown on Record:  
 3,150,000

7b. Amount of Capital Contributions in FLORIDA to date:  
 3,150,000

**8. Name and Address of Current Registered Agent**

Name  
 David B. Songy

Street Address (P.O. Box Number is Not Acceptable)  
 925 South Federal Highway

Suite, Apt. #, Etc.  
 Suite 325

City State Zip Code  
 Boca Raton FL 33432

**FEES:**

- 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 appropriate filing fee.

9. 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.**

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
1) Florida Office Corp.	ONE Chase Manhattan Plaza	New York, NY 10025	F96000003355
2) Songy Partners Limited	3348 Peachtree Rd Suite #675	Atlanta, Ga. 30326	A33386

500003473585  
 -11/21/00-01113-009  
 \*\*\*1085.00 \*\*\*1085.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(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 *me*

DATE 11/1/00

Typed or Printed Name of General Partner Signing Form David B. Songy

Telephone Number (404) 995-8170

CR2E039 (11/99)