


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 09 AUG 16 AM 9:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA <small>DO NOT WRITE IN THIS SPACE</small>	
DOCUMENT # A96000001435					
1. Name of Limited Partnership T.T. San Juan Capistrano Associates, LTD.					
2. Mailing Address One Park Place 621 NW 53rd St. Suite 450 Boca Raton, FL Zip 33487 Country USA		3. Principal Office Address Same		4. Date Formed or Registered To Do Business in Florida 08/01/96	
5. FEI Number 65-0689030		Applied For <input type="checkbox"/> Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation		8a. Capital Contributions as Shown on Record 8b. Amount of Capital Contributions in FLORIDA to date \$1,000			
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): \$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 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 Neesa B. Warren, Esq. One Park Place 621 NW 53rd Street, Suite 450 Boca Raton, FL 33487			10. If changed, new registered agent/office Name Ira L. Young State Address (P.O. Box, Mailing, Not Acceptable) One Park Place 621 NW 53rd Street Suite 450 Boca Raton FL 33487		
10a. Pursuant to the provisions of sections 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) <i>[Signature]</i>			DATE 5/10/99		
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) T.T. San Juan Capistrano, Inc.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 621 NW 53rd St, #450		City, State and Zip Code Boca Raton FL 33487	
11a. Registration Document Number P96000001435		3000002891943--6 -06/02/99--01014--002 ***3206.25 ****641.25			
REINSTATEMENT <i>[Signature]</i>					
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 or 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.					
T.T. San Juan Capistrano, Inc. SIGNATURE <i>[Signature]</i> DATE 5/10/99 By: Ira L. Young Secretary of State (561) 237-2248 Typed or Printed Name of General Partner Signing Form Ira L. Young					

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