PEASER	AD ALVINSTRUCTIONS BEFORE	OMPLETING THIS FORM
IMIT D	FLORIDA.DEPARTMENT OF STATE	1910
TNERSHIP	Katherine Harris : Secretary of State	FILED

PAR' REINSTATEMENT

DIVISION OF CORPORATIONS -1640

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #	H96-
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T.T. Plantation Associates, LTD.

. Principal Office Address 621 NW 53 Street 621 NW 53 Street 621 NW 53 Street		4. Date Formed or Registered To Do Business in Florida 09/05/1996				
Suite, Apt. #, etc. Suite 45	Suite, Apt. #, etc. Suite 450 Suite 450 Suite 450		5. FEI Number Applied F 650722468 Not Applied			
City & State	on El	City & State Boca Raton	ET.	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
Boca Rat 33487	Country USA	Zip 33487	Country USA	7a. Capital Contributions as shown on Re	cord:	
	8. Name and Addre	ess of Current Registered Age	ent	7b. Amount of Capital Contributions in FLC \$1,000.00	DRIDA to date:	
Ira L. Young, Esq. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 Street Suite, Apt. #, Etc.			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.			
Suite 4 Dity Boca Ra		State FL	Zip Code 33487	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.		
		LOCALIDA FILIDA CINCARA AND AND AND AND AND AND AND AND AND AN	and the standard and th	reconized or registered updat the laws of the State of Ele	orida submits this statement	

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 mis statutes 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 621,192, 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

	MICS DE REGISTERED AND ACTIVE WITH THIS CITIES.					
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		
т.т.	GP Holdings, Inc.	621 NW 53 Street ' Suite 450	Boca Raton, FL 33487	P96000064297		
\$ \&				/		

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DATE _

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 regulared by chapter 620. Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form Alfred R. Novas

Telephone Number 800-275-1235

10.19.2000

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