PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF CORF	STATE ORATIONS MIO 21
DOCUMENT # A9 6000	OOGOR O		
Boardwalk of Alafaya Trail LTD			
		900163993069 12/28/0901058021 **500,00	
2. Principal Office Address - No P.O. Box # 3600 NW 43rd St St Suite, Apt. #, etc.	3. Mailing Office Address 3600 NW 43rd St	CR2E039 (1/07)	
D-4	0-4	4. Date Formed or Registered To Do Business in Florida	N 31/91
City & State Cainesville F1 Zip Country	City & State Counces Ville Fl	5, FEL Number 59-340693	Applied For Not Applicable
3a606 0, S	3a606 0.5	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		7. FEES:	
Name Waldemac F. Kissel JC		Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office.	
Street Address (P.O. Box Number is Not Acceptable)		Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.	
Suite, Apt. #, Etc.		A \$500 penalty is due for each certificate of authority was revoked	on our records, except in
Cainesville	State Zip Code FL 32606	circumstances which the entity did By checking this box, you are certify received and requesting the \$500 p	ring the prior notices were not
9. Pursuant to the provisions of section 620.1810 or 620 1909. Florida Statutes. I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, 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
Boardwalk at Alafaya Trail	3600 NW 43dSt G	oinesville F13a606	L0800098475
		0.000	
REINSTATEMENT 20	9		
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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 it made under cath. 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 Waldeman Kissel fr DATE			
Typed or Printed Name of General Partner Signing Form Walders K581 Tr. Tolephone Number 352-3754135			