

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

00 NOV 16 AM 11:05

DOCUMENT #

A96-2377

1. Name of Limited Partnership

T.T. Falls Church Associates, LTD.

REINSTATEMENT 99-2000

2. Principal Office Address
 621 NW 53 Street

3. Mailing Office Address
 621 NW 53 Street

Suite, Apt. #, etc.
 Suite 450

Suite, Apt. #, etc.
 Suite 450

City & State
 Boca Raton, FL

City & State
 BOCA RATON, FL

Zip Country
 33487 USA

Zip Country
 33487 USA

4. Date Formed or Registered To Do Business in Florida 12/19/1996

5. FEI Number 650729294

Applied For
 Not Applicable

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

7a. Capital Contributions as shown on Record:
 \$1,000.00

7b. Amount of Capital Contributions in FLORIDA to date:
 \$1,000.00

8. Name and Address of Current Registered Agent

Name
 Ira L. Young, Esq.

Street Address (P.O. Box Number is Not Acceptable)
 621 NW 53 Street

Suite, Apt. #, Flr.
 Suite 450

City
 Boca Raton

State Zip Code
 FL 33487

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
T.T. Falls Church Inc.	621 Nw 53 Street Suite 450	Boca Raton, FL 33487	P96000102117

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 ***1282.50 ***1282.50

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

Mark Schiller

DATE

11-15-00

Typed or Printed Name of General Partner Signing Form

Mark Schiller

Telephone Number 800-275-1235

CR2E039 (11/99)