

APPLICATION FOR  
STATEMENT  
OF  
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE  
Sandra J. M...  
Secretary of State  
DIVISION OF CORPORATIONS

**A96000002448**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAY -8 PM 1:35

DOCUMENT # **A96000002448**

1. Name of Limited Partnership

Minnesota Heights, Ltd.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 405-F Atlantis Road Suite, Apt. #, etc.		3. Principal Office Address 405-F Atlantis Road Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida	
City & State Cape Canaveral, FL		City & State Cape Canaveral, FL		5. FEI Number 59-3415776	
Zip 32920	Country USA	Zip 32920	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation FL	

8a. Capital Contributions as Shown on Record

\$1,000.00

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.

8b. Amount of Capital Contributions in FLORIDA to date:

\$1,000.00

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Christopher J. Straka  
405-F Atlantis Road  
Cape Canaveral, FL 32920

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. 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 5.7.98

**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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
M.H. Partners Group I, Inc.	405-F Atlantis Road	Cape Canaveral, FL 32920	990-103205
			000002517090--3
			STATEMENT 98
			CR 58

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 of 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.

SIGNATURE

DATE 5.7.98

Typed or Printed Name of General Partner Signing Form

Christopher J. Straka, President

Telephone Number

407.799.4900

CR2E039 (12/97)



ACCOUNT NO. : 072100000032

REFERENCE : 812013 7120823

AUTHORIZATION :

*Patricia Pizutto*

COST LIMIT : \$ 650.00

ORDER DATE : May 8, 1998

ORDER TIME : 10:26 AM

ORDER NO. : 812013-010

CUSTOMER NO: 7120823

CUSTOMER: Ms. Cynthia L. Rentz  
Straka & Associates  
405-f Atlantis Road

Cape Canaveral, FL 32920

DOMESTIC FILINGS

NAME: MINNESOTA HEIGHTS, LTD.

*A96-2448*

Name	<i>CR 58</i>
Availability	<i>CR</i>
Document	<i>CR</i>
Examiner	<i>CR</i>
Updater	<i>CR</i>
Updater	<i>CR</i>
Verifier	<i>CR</i>
Acknowledgement	<i>CR</i>
W. P. Verifier	<i>CR</i>

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith  
EXAMINER'S INITIALS \_\_\_\_\_

DIVISION OF CORPORATION

98 MAY -8 AM 11:08