APPLICATION FOR
REINSTATEMENT
FOR

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A9700000401

T.T. Upland Associates, LTD

FILED

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11 1 UVIWNA 19550	1.44.0.	DO NOT WRITE IN THIS SPACE					
2. OWE Park Place	3. Principal Office Address	Same	4. Date Formed or To Do Business	4. Date Formed or Registered 10 Do Business in Florida 123			
(021 NW 53rd ST. Suite 45	Suite Apt #, etc	SOM I TO	5. FEI Number		Applied	For	
Para Poton D	City & State		65-01	1929 7	Not App	ricable	
Zip Country	Zip Country		CERTIFICATE OF	CERTIFICATE OF STATUS DESIRED S8 75 Additional fee required for a Certificate of Status 7. State or Country of Formation			
33487 USA			7. State or Country				
8b. Amount of Capital Contributions in FLORIDA to date	\$437.50, for 2.) Supplement. 3.) Penalty Feel Note: If the amount enter appropriate filing fe	each <u>year due</u> this office at Fee(s): \$88.75 for <u>eac</u> (s): \$500 penalty fee for ed in 8b is greater than :	\$7 per \$1,000 on amount entered in 8 e e ch year due this office, beginning with sach year report form is delinquent amount entered in Ba, a supplemental	1992 calendar year.			
9. Name and Address of Current	Registered Agent		10. If changed r	iew registered agent/off	ice		
helsa B warten,	SAG	Name	ral youn	ς			
UNC YAVE DYMEN ""	0	Oni		<u> </u>			
021 NW 53 m Street, S	Buite 450	1000	JM Ska St	reli Du	tc 450		
Duakaton, Fl. 33	487		akaton	F	L 13348	1	
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations.	egistered algent or both in the Stat	le of Florida. Such char	ership organized or registered under ige was authorized by its general par	the laws of the State of I Iner(s). I hereby accept	floridal submits this statem the appointment of registe	nent pred	
	And J	. Mar		,	-4.100		
A GENERAL PARTNER THAT I	S A CORPORATION	N LIMITED	DANTHERSHIP OR	DATE .	5//5/99		
MUST	BE REGISTERED	AND ACTIV	E WITH THIS OFFICE	CE.	NINE 22 EIN I I I	*	
11. Names of General Partner(s)	Address of Each Ge (Do NOT Use Post Office		City State and Zip Co	de 11 £	Registration Document Number		
TT. Upland, Luc.	62 NW 5380	St: #450	Boca Ration	FL 19	10000dde	60	
nciMCT	ATEMENT.	99	2001 =	TUTIZ: 5151 -06/02/89	1942\$ -01014002 ****641.25	(80/21) E	
KEINO	A B Property .	r		****JCUP.60	ा करूकाम् विकास	CR2E039 (12/98)	
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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 filling 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 issue and accurate and that my signature shall have the same logal effects as if made under oath. I further certify that it am a General Partner of the limited partner ship, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

Typed or Printed Name of General Partner Signing Form

. Young

Secretary

Telephone Numbe (561)237 - 2248