

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNER REINSTATEMENT				FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # A97000000849				FILED NOV -1 PM 1:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership ALF I LTD.					
2. Principal Office Address 9500 SW HWY 200		3. Mailing Office Address 125 NE FIRST AVEUNE		4. Date Formed or Registered To Do Business in Florida APRIL 17, 1997	
Suite, Apt. #, etc. SU		Suite, Apt. #, etc. SUITE 1		5. FEI Number 650760303	
City & State OCALA, FL		City & State OCALA, FL		Applied For Not Applicable	
Zip 34481	Country USA	Zip 34470	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				7a. Capital Contributions as shown on Record: \$2,650,000.00	
Name TIM D. HAINES				7b. Amount of Capital Contributions in FLORIDA to date: \$2,650,000.00	
Street Address (P.O. Box Number is Not Acceptable) 125 NE FIRST AVENUE				FEES:	
Suite, Apt. #, Etc. SUITE 1				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.	
City OCALA				2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.	
State FL				3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.	
Zip Code 34470				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 10-30-01	
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)		10a. Registration Document Number	
Carriage House of Ocala, L.C. a Florida Limited Liability Company		714 SE 22nd Avenue		Ocala, FL 34471	
Adm 500.00 AR 437.50 ARSUPP 88.75 1026.25		REINSTATEMENT 2001		L96000000548	
				000004695460--8 -11/27/01--01067--005 ***1026.25 ***1026.25 BK	

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 Arthur Radice DATE 10-30-01
Arthur Radice, President of National Retirement Development Company, Managing Member of
Typed or Printed Name of General Partner Signing Form Carriage House of Ocala, L.C. Telephone Number