

A97000000921

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

02 FEB 11 PM 1:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

000004930380--3 -02/15/02--01052--002

DOCUMENT # A97000000921

1. Name of Limited Partnership OMC Partners, Ltd.

9/29/00

2. Principal Office Address 8 Campus Drive

3. Mailing Office Address 8 Campus Drive

4. Date Formed or Registered To Do Business in Florida April 25, 1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 650749983

Applied For Not Applicable

4th Floor

4th Floor

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

City & State Parsippany, NJ

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Zip Country 07054 USA

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7a. Capital Contributions as shown on Record: \$7,500.00

7b. Amount of Capital Contributions in FLORIDA to date: \$7,500.00

8. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road

Suite, Apt. #, Etc.

City State Zip Code Plantation FL 33324

- 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 Fees: \$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) SALVINA AMENTA-GRAY DATE 2/7/02

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Table with 4 columns: 10. Name(s) of General Partner(s), Address of Each General Partner, City, State and Zip Code, 10a. Registration Document Number. Includes handwritten notes: 'APM - 1500.00', 'AR 157.50', 'AUX SUPP 266.25', 'CERT 8.75', '\$1,932.50', 'REINSTATEMENT 2000-2002', and '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 James J. Street DATE 2/6/02

Typed or Printed Name of General Partner Signing Form Vice President, Osceola SPF-II, Inc. Telephone Number

CR2E039 (9/00)