

LIMITED  
PARTNERSHIP  
REINSTATEMENT



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

FILED

00 DEC 13 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

~~99-38124~~ A97-940

1. Name of Limited Partnership

T.T. Pembroke Pines Associates, LTD.

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

33487

Country

USA

Zip

33487

Country

USA

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. #, Etc.

Suite 450

City

Boca Raton

State

FL

Zip Code

33487

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)

*Ira L. Young*

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)

T.T. GP Holdings, Inc.

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

621 NW 53 Street  
Suite 450

City, State and Zip Code

Boca Raton, FL  
33487

10a. Registration  
Document Number

P96000064297

REINSTATEMENT

99-200

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-12/20/00--01059--012  
\*\*\*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

*Alfred R. Novas*

DATE

10-19-2000

Typed or Printed Name of General Partner Signing Form

Alfred R. Novas

Telephone Number

800-275-1235