Typed or Printed Name of General Partner Signing Form

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 04 FEB -9 PM 1: 50
DOCUMENT # 129706 1. Name of Limited Partnership GLH Holdings, Ltc.	1. 1.	400028437594 02/09/0401062002 **2052.50
2. Principal Office Address 100 W. Kennedy Blvd.	3. Mailing Office Address	4. Date Formed or Registered To Do Business in Florida 6-25-1997
Suite, Apt. #, etc. # 740	Suite, Apt. #, etc.	5. FEI Number Applied For Not Applicable Not Applicable
Tampa, Florida	City & State	CERTIFICATE OF STATUS DESIRED \$8.75. Additional Fee required for a Certificate of Status
33602 Country U.S.A.	Zip Country	7a. Capital Contributions as shown on Record: \$\frac{2}{2}, \{\Omega\Omega\Omega} \frac{7}{2} 7b. Amount of Capital Contributions in FLORIDA to date:
8. Name and Address of	Current Registered Agent	\$2,100,000
Street Address (P.O. Box Number is Not Acceptable) 100 W. Kennedy B' Suite, Apt. #, Etc. # 740 City Tampa	State Zip Code FL 33602	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 Fee(s): \$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 front, 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 60, 191/Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY		
10. Name(s) of General Partner(s)	BÉ REGISTERED AND ACTIVE \ Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code 10a. Registration Document Number
GLIT-Holdings, Inc. f/K/a GLH Holdings, I n/c Ciled stanlag	100-w. Hennedy Blvd. 7	Tampa, Fr 33602 -P97000047444
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 filling 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 refulled by chapter 620 Florida Statutes.		
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Telephone Number 813 - 226 - 0406