APE ICATION FOR		7/4	455		
REINSTATEMENT	Sandra B.			FILED	
FOR Secretary of State LIMITED PARTNERSHIP DIVISION OF CORPORATIONS			SECRETA DIVISION O	SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT #99 700000 (455			98 JUL 1	98 JUL 14 AM 10: 38	
E.T.I.R.A., LTD					
				DO NOT WRITE IN THIS SPACE.	
2. Mailing Address PN/Ne/S	3. Funcipal Office Address POTHYELS		4. Date Formed or Registered To Do Business in Florida	7/2/27 d26/57	
Sune Apr 1 ac 16/14 Main St.	Suite Api 4 etc North Mair St		5. FEI Number 58-234124	Applied For Not Applied be	
Citing State YOUNING FOR HJ Zip Country	City & State PENNING FOR Country		6. CERTIFICATE OF STATUS DES	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
08534-207 USA	08534 6	154	7. State or Country of Formation	Fla	
8a. Capital Contributions as Shown on Record: FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year gue this office.					
8b. Amount of Capital Contributions in FLORIDA to date 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> 15 the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filling fee.					
9. Name and Address of Current Registered Agent		10. If changed, new registered agent/office Name			
Tim D Haines 125 N.E. Ist Ave		Street Address (P.O. Box Number Is Not Acceptable)			
Buite 1			Suite, Apt. #, etc07/21/9801105003		
Ocala Fla 34470 City			—————————————————————————————————————	FL TOWN	
10a. Pursuant to the provisions of sections 620 1651 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. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.					
SIGNATURE (Registered Agent Accopting Appointment) 22 Names DATE 616157					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Names of General Partner(s)	Address of Each General Pa (Do NOT Usa Post Office Box N	rtner	City. State and Zip Code	11a. Registration Document Number	
ETIRA, INC.	RES PANNEIS 276/2 N MOIN	St P	04534-2207	12970000	
	Permination N.J.		01739-1207	57730	
	08534-2207	-		1998	
				1008	
	}		STATEMENT	A T I METERS OF THE WORLD	
			Same as a second		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
2. 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)(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 is true and eccurate 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. Elegical Statutes					
SIGNATURE 25 Thouse Pros ETJKA 1760 DATE 6/16/98 Typed or Printed Namo of General Partner Signing Form EE Thouse Pres ETJKA JNC Telephone Number 605-8/8-1370					
Typed or Printed Namo of General Partner Signing Form LE Thewer I'ves ETIKA DIVC Telephone Number 605-818-1370					