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M97-11452

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)922-4003

From: Julie Hicks
Account Name : BARNETT, BOLT, KIRKWOOD & LONG
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

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LIMITED PARTNERSHIP REINSTATEMENT

mtn
9/17

RIVERA ENTERPRISES NO. 3, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$641.25

09/17/99 FRI 11:38 FAX 813 251 1280 B,B,K&L 002

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APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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

DOCUMENT # A97000001928

1. Name of Limited Partnership
Rivera Enterprises No. 3, Ltd.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address
17028 Candelada de Avila
Suite, Apt. #, etc
City & State
Tampa, Florida
Zip 33613 Country USA

3. Principal Office Address
17028 Candelada de Avila
Suite, Apt. #, etc.
City & State
Tampa, Florida
Zip 33613 Country USA

4. Date Formed or Registered To Do Business in Florida 9/8/97

5. FEI Number 59-3463213 Applied For Not Applicable

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

7. State or Country of Formation Florida

8a. Capital Contributions as Shown on Record: $60

8b. Amount of Capital Contributions in FLORIDA to date $60

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 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office
Name Craig E. Behrenfeld
Street Address (P.O. Box Number Is Not Acceptable) 601 Bayshore Boulevard
Suite, Apt. #, etc Suite 700
City Tampa FL Zip Code 33606

10a. 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) C.E. Behrenfeld DATE 9/9/99

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 Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Maxryan Properties L.L.C.	17028 Candelada de Avila	Tampa, FL 33613	L99000005304

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 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 _____ DATE 13 Sept 1999

Typed or Printed Name of General Partner Signing Form Philip Burke Telephone Number _____

CR2E039 (12/98)