

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Sandra B. Matheson Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A97000002145 1. Name of Limited Partnership S + S VENTURES OF NORTHWEST FLORIDA, LTD.		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 22 PM 2: 57 DO NOT WRITE IN THIS SPACE.	
2. Mailing Address 600 SOUTH BARRACKS ST. Suite, Apt. #, etc. *220 City, State PENSACOLA, FLORIDA Zip 32501 Country USA	3. Principal Office Address 600 SOUTH BARRACKS ST. Suite, Apt. #, etc. *220 City, State PENSACOLA, FLORIDA Zip 32501 Country USA	4. Date Formed or Registered To Do Business in Florida 9/24/97 5. FEI Number 59-3474341 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7. State or Country of Formation FLORIDA	
8a. Capital Contributions as Shown on Record \$ 50.00 8b. Amount of Capital Contributions in FLORIDA to date \$ 50.00		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 SWAINE, RONALD E. 600 SOUTH BARRACKS ST., STE. 220 PENSACOLA,		10. If changed, new registered agent/office Name _____ Street Address (P.O. Box Number) 800012537739-- 2 Suite, Apt. #, etc. -05/28/98--01002--001 ****641.25 ****641.25 City FL Zip Code _____	
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) _____ DATE _____			
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) RES OF NORTHWEST FLORIDA, INC.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 600 SOUTH BARRACKS STREET, STE 220	City, State and Zip Code PENSACOLA, FL 32501	11a. Registration Document Number P970000083885
REINSTATEMENT		98 5-22	

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, recover or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form

RONALD E. SWAINE

Telephone Number

(850) 438-8511

CR2E039 (12/97)