

REINSTATEMENT
LIMITED PARTNERSHIP
ANNUAL REPORT
1998
1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A980000

99 MAY 28 PM 3: 55
JUN 21

1. Name of Limited Partnership		1a. DOCUMENT # A98000000198		55 JUN 21 PM 3:55	
LAPLAZA AT PARK PLACE, LTD.					
Mailing Address		Principal Office Address		3. Date Formed or Registered 1/21/98	
1803 Park Center Drive, Suite 220 Orlando, FL 32835		4/16/99		5a. Capital Contributions as Shown on record \$7,500.00	
2. Mailing Address		2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date \$7,500.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-3509200	
City & State		City & State		7. Certificate of Status Desired [X] Additional Fee Required	
Zip		Zip		8. Make check payable to: Dept. of State (See reverse side for fee information)	
Country		Country		[X] Applied For [] Not Applicable	

<p>9. Name and Address of Current Registered Agent</p> <p>Randolph J. Rush 250 Park Avenue South, 5th Floor Winter Park, FL 32789</p>	<p>10. If changed, new Registered Agent/Office</p> <p>Name _____</p> <p>Street Address (P.O. Box Number Is Not Acceptable) _____</p> <p>Suite, Apt. #, etc. _____</p> <p>City _____ Zip Code _____</p>
--	---


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 _____

6/16/99

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LAPLAZA AT PARK, INC.	1803 Park Center Drive Suite 220	Orlando, FL 32835 <div style="text-align: right;"> 9000002914699---1 -06/24/99--01030--002 ***650.00 ****650.00 </div> <div style="text-align: center;"> REINSTATEMENT <u>1997</u>  </div>	F98000000356

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 _____

Typed or Printed Name of General Partner Signing Form

David J. Townsend, President

Daytime Telephone Number

CB2E003 (6/07)