Secretary of State

DIVISION OF CORPORATIONS

ELLED

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DOCUMENT#	A98000000273
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1. Name of Limited Partnership

LIMITED

PARTNERSHIP

REINSTATEMENT

SC ENCLAVE MIRAMAR, LTD

3. Mailing Office Address 2. Principal Office Address P.O. BOX 627 980 9TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. **SUITE 1800** City & State City & State SACRAMENTO, CA SACRAMENTO, CA Country Country USA 95812-0627 95814 USA 8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. Zip Code State

- 4. Date Formed or Registered 01/28/98 To Do Business in Florida
- 5. FEI Number 65-0829867

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

- 7a. Capital Contributions as shown on Record: 26668,756.08
- 7b. Amount of Capital Contributions in FLORIDA to date: \$26,668,756.08

- 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.
- Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 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.
- 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 ruisualit to the provisions of sections 220, 1001, and 020, 1921, Fibrida Statutes, the above-hanced partnership organized on registered affice or registered agent, or both, in the State of Fibrida. 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, Fibrida Statutes.

33324

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) City, State and Zip Code

10. Name(s) of General Partner(s)

PLANTATION

980 9TH STREET

FL

Registration Document Number

SC MIRAMAR GP, LLC

SUITE 1800

SACRAMENTO, CA 95814

M00000001407

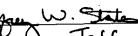
REINSTATEMENT 2002-2003

300009988613 01/09/03--01042--022 ** 926. 2 ,300003988613 02/14/03--01003--022 **1126.2

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

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)(i). Florida Statutes, I release the Division of Corporations from any flability 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 required by chapter 620, Fbrida Statutes

SIGNATURE >



Typed or Printed Name of General Partner Signing Form

Telephone Number 916 - \$74 - 900