PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				(TE	FILED 2003 NOV 10 PM 3: 55		
DOCUMENT # A9800000416 1. Name of Limited Partnership MBS - REGENTS WALK, LTD.					DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA 300024528913 11/10/0301006017 **1026.25		
2. Principal Office Address ONE GALLERIA BLVD		3. Mailing Office Address ONE GALLERIA BLVD			4. Date Formed or Registered To Do Business in Florida 02/13/1998		
		Suite, Apt. #, etc. SUITE 1950			5. FEI Number 72-1414790	Applied For Not Applicable	
		City & State METAIRIE, LA			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
· 1 · · · · · · · · · · · · · · · · · ·		Zip Country 70001			7a. Capital Contributions as shown on Record: 913,770.00 7b. Amount of Capital Contributions in FLORIDA to date:		
	8. Name and Address of	urrent Registered Agent			913,770.00		
Street Address (P.O. Box 13016 LEEDS Suite, Apt. #, Etc.	B. SMUCK x Number is Not Acceptable) COURT				FEES: 1.) 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. 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 7b is greater than amount entered in 7a, a supplemental alfidavit must be submitted along with a separate and appropriate filing fee.		
City TAMPA		State Zip Code					
9. 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.							
10. Name(s) of G	eneral Partner(s)	Address of Each (Do NOT Use Post C	General Partner Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number	
13016 LEEDS L.L.C.		ONE GALLERIA BLVD, SUITE 1950		ME	TAIRIE, LA 70001	L98000000182	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
11. 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 liability of non-compliance with Section 119.07(3)(ii) he 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 frail have ple 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 contact 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 contact 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 contact 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 contact 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 contact the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership.							
SIGNATURE MICHAEL B. SMUCK					DATE		
Typed or Printed Name of General Partner Signing Form WICHAEL B. SWICK Telephone Number 304-830-3073							