A98000000874

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FILED FOR DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY 11 AM 9:47

DOCUMENT # A98000000874

1. Name of Limited Partnership
TFV PROPERTIES, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
P O Box 3659
Suite, Apt. #, etc.
City & State
Indialantic, FL
Zip: 32903 Country: USA

3. Principal Office Address
325 Fifth Ave.
Suite, Apt. #, etc.
#207
City & State
Indialantic, FL
Zip: 32903 Country: USA

4. Date Formed or Registered To Do Business in Florida
4-7-98

5. FEI Number
59-2396575

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
$9,500,000

8b. Amount of Capital Contributions in FLORIDA to date
$9,500,000

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
PHILIP F. NOHRR
1800 W. Hibiscus, #138
Melbourne, FL 32901

10. If changed, New registered agent/address
Name
Lauren B. Koonin
Street Address (P.O. Box Number Is Not Acceptable)
325 Fifth Ave.,
Suite, Apt. #, etc.
#207
City
Indialantic, FL Zip Code 32903

10a. Pursuant to the provisions of sections 620.1054 and 620.1907, 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 the general partner(s). I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 620.1907, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Lauren B. Koonin DATE 5-3-99

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
TF VENTURES, INC.	325 Fifth Ave., #207	Indialantic, FL 32903	P98000028899

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-05/13/99--01087--010
***1026.25 ***1026.25

CR2EC039 (12/98)

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 true and that this form is not and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Unless the Division of Corporations finds any liability 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 effect as if made under oath; I further certify that I am a General Partner of the limited partnership named above or the entity empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Lauren B. Koonin DATE 5-3-99

Typed or Printed Name of General Partner Signing Form: Lauren B. Koonin Telephone Number: 407 725-7500