LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

012100000 8PA

DOCUMENT #

Name of Limited Partnership

NASSAU PARTNERS, LTD.

trustee empowered to execute

Typed or Printed Name of General Partner Signing Form

SIGNATURE

FILED

00 SEP -7 AM 10: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

		3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida June 19, 1998			
510 S. 3rd Street		510 S. 3rd Street						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For 59-3526643 Not Applicab			
City & State		City & State			6- CERTIFICATE OF STATUS DESIRED - \$8.75 Additional Fee required for a Certificate of Status			
Jacksonville Beach, FL		Jäcksonville Beach, FL						
/ip 32250	Country Duval	Zip 32250	Country Duval		7a. Capital Contributions as shown on Record: \$250,000			
8. Name and Address of Current Registered Agent			nt		7b. Amount of Capital Contributions in FLORIDA to date: \$250,000			
Stoneburner Berry Goldman & Simmons, P.A.					FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered			
	Box Number is Not Acceptable) ter Street	-			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			
Suite, Apt. #, Etc.				with 1992 calendar year.				
Suite 2050				 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 				
Jacksonville State Zip C FL 3220					7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
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 Statutys. 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.								
10. Name(s) of	f General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code	10a. _{Do}	Registration cument Number	
Woodjarn I	nvestments, finc.	510 S. 3rd S	Street	Jac	ksonville Beach, FL 32250	P98000	053812	
(00) dd	500 437.50 500 437.50	88.75			8000033986680 -03/20/0001007011 ****2052.50			
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 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 effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or

WOODBUM, PALA. WOODBUM ZHURTHERT

his report as required by chapter 620, Florida Statutes.

9 (11/99)