A98000001763

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

DOCUMENT # A98000001763

1. Name of Limited Partnership
Banyan Tree Estates, Ltd.

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered to Do Business in Florida
186 Spyglass Lane	186 Spyglass Lne	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 65-0878750 — Applied For / Not Applicable
City & State: Jupiter FL	City & State: Jupiter FL	6. CERTIFICATE OF STATUS DESIRED ☐
Zip: 33477 Country:	Zip: 33477 Country: USA	7. State or Country of Formation

8a. Capital Contributions as Shown on Records: 1000-

8b. Amount of Capital Contributions in FLORIDA is now: 1000

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): $68.75 for each year due this office, beginning with 1998 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year/event late is delinquent.
Note: If the amount entered in 8a is greater than amount entered in 8b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
Kolins, Ronald K ESQ c/o Moyle Flanigan et Al 625 North Flagler Drive 9th Floor West Palm Beach, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL — Zip Code

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 _____

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

11. Name 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
Shelman, Inc	186 Spyglass Lane ~~Jupiter, FL 334~~	Jupiter FL 33477	P98000065116

900003312959--5
-07/05/00--01068--003
***1282.50 ***1282.50

REINSTATEMENT 99-00 BA

CR2E039 (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 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 effect 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 16 June 00

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____