


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT 2001		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT -8 AM 10:08 <i>WR 10/9</i>	
DOCUMENT # <u>A98000001767</u>					
1. Name of Limited Partnership Indiantown Realty Partners Limited Partnership					
2. Principal Office Address 88 Rivers Edge Road Suite, Apt. #, etc. North East, MD City & State North East, MD Zip Country 21901 USA		3. Mailing Office Address 88 Rivers Edge Road Suite, Apt. #, etc. City & State North East, MD Zip Country 21901 USA		4. Date Formed or Registered To Do Business in Florida 07/24/98	
				5. FEI Number 650927976	
				Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7a. Capital Contributions as shown on Record: 1,000	
				7b. Amount of Capital Contributions in FLORIDA to date: 1,000	
8. Name and Address of Current Registered Agent Name Alan B. Rose, Esq. Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive. Suite, Apt. #, Etc. Suite 200 City State Zip Code West Palm Beach FL 33401				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 affidavit must be submitted along with a separate and appropriate filing fee.	
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) <i>[Signature]</i> Alan B. Rose, Esq. DATE 10/31/01					
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 General Partner(s) Eastern Alliance, LLC, a Delaware limited liability company registered with the Department of State as required by law		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 88 Rivers Edge Road		City, State and Zip Code North East, MD	
				10a. Registration Document Number M01000000344 700004628627-- -10/09/01--01044--001 ****650.00 ****650.00	
		REINSTATEMENT		2001 641.25 8.75	
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(2)(f) 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, Florida Statutes.					
SIGNATURE <i>[Signature]</i> DATE 10-4-01					
Typed or Printed Name of General Partner Signing Form Eastern Alliance, LLC, by James M. Moran, Jr. Telephone Number 418-287-3003					
Its: President					

CR2E039 (9/00)