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APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP	A98	DEPARTMENT OF STATE	42 SECRETARY OF CORP		
DOCUMENT # A980000019 1. Name of Limited Partnership Century / Royale Grou		1160	99 JUL 26 AM		
2. Mailing Address	3. Principal Office Addition 901 SW 69 Stylin, Apr. A. etc.	Sth Avenue	4. Date Formed or Registered To Do Business in Florida Augus 5. FEI Number 65 – 090 – 3691	st 14th, 1998 X Applied for Not Applicable	
Miami, Florida Zip Country 33186 USA	Miami, Flo	Country USA	6. CERTIFICATE OF STATUS DESIRED 7. State or Country of Formation F10	\$8.75 Additional Fee required for a Certificate of Status	
8a. Capital Contributions as Shown on Record \$ 300,000.00 8b. Amount of Capital Contributions in FLORIDA to date. \$ 300,000.00	\$437.50, t 2) Suppleme 3.) Penalty Fe	or <u>each year due</u> this office. ntal Fee(s): \$88 75 for <u>each year due</u> t e(s): \$500 penalty fee for <u>each year re</u> ered in 8b is greater than amount ente	00 on amount entered in 8b, with a minimum filing this office, beginning with 1992 calendar year aport form is delinquent- ired in 8a, a supplemental affidavit must be submi		
9. Name and Address of Current Registered Agent		T	10. If changed, new registered agent/office		
Miami Corporate Syste		Name			
5200 Blue Lagoon Drive Suite #700		Suite. Apt #, etc	Street Address (FO Box Number Is Not April 1902 1904 1		
Miami, Florida 33126		Cily		7-p Code	
10a. Pursuant to the provisions of sections 620 1051 and 6 for the purpose of changing its registered office or regagent. Lam familiar with, and accept the obligations of	gistered agent, or both, in the 5	itale of Florida. Such change was auft	nized or registered under the laws of the State of	Florida submits this statement	
SIGNATURE (Registered Agent Accepting Appointment)			DATE .		
A GENERAL PARTNER THAT IS		ON, LIMITED PART D AND ACTIVE WIT		SINESS ENTITY	

		,
Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Discument Number
901 SW 69th Avenue	Miami, Fl 33144	P97000011266
13200 SW 128th Stre Suite F1	, , , , , , , , , , , , , , , , , , , ,	P98000046478
	EMENT 1999**********************************	45842 7 1/9901042010 26.25 ***1026.25
	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 901 SW 69th Avenue 13200 SW 128th Stre Suite F1	901 SW 69th Avenue Miami, Fl 33144 13200 SW 128th Street Miami, Fl 33186 Suite F1 PORTION SW 128TH STATEMENT 9999*********************************

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ido hereby certify that the information supplied with this lifting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I release the División of Corporations from any liability of non-compliance with Section 119 07(3)(k) 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 trusted empowered to execute this secont and equired by chapter 620. Florida Statutes.

SIGNATURE

DATE TIME 844, 1999

Typed or Printed Name of General Pariner Syning Form Jim PCIC2

DATE JUNE 844, 1999

Telephone Number (305) 97430(00