

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001 LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED OCT 29 PM 12:17	
DOCUMENT # A99000000191		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Name of Limited Partnership VILLAGE CENTER PLACE, LTD					
2. Principal Office Address 1420 Court Street Suite, Apt. #, etc.		3. Mailing Office Address 1420 Court Street Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida	
City & State Clearwater, FL Zip 33765		City & State Clearwater, FL Zip 33765		5. FEI Number 59-3553459 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7a. Capital Contributions as shown on Record: \$10,000					
7b. Amount of Capital Contributions in FLORIDA to date:					
8. Name and Address of Current Registered Agent Name Osama Khazendar Street Address (P.O. Box Number is Not Acceptable) 1560 Gulf Blvd #804 Suite, Apt. #, Etc. City Clearwater State FL Zip Code 33767					
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 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.					
10. Name(s) of General Partner(s) HODA, INC		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1420 Court Street		City, State and Zip Code Clearwater, FL 33765	
				10a. Registration Document Number PA4000074364 400004676874--9 -11/13/01--01071--020 ****158.75 ****158.75	

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(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 trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (9/01)