2005 LIMITED PARTNERSHIP REINSTATEMENT

SECRETARY OF STATE DIVISION OF STATE TO FOR WHOMS **DOCUMENT # A99000001158** 1. Entity Name 05 DEC - 1 AM 10: 35 LA JÓLLA PROPERTIES, LTD. Principal Place of Business Mailing Address 82216 OVERSEAS HIGHWAY 82216 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 ISLAMORADA, FL 33036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1292005 CR2E100 (6/04) REIN-LP City & State City & State 4. FEI Number Applied For 59-0949772 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOBREGAS, LESLIE A Street Address (P.O. Box Number is Not Acceptable) 82216 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 12/01/2005 SIGNATURE 9. Capital Contributions 10. Amount of Capital Contributions \$3,000,000.00 as Shown on record. in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P99000061027 DOCUMENT # STREET ADDRESS NAME TONEL, INC. STREET ADDRESS 82216 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA, FL 33036 DOCUMENT # STREET ADDRESS NAME 20111622615 STREET ADDRESS 12/16/05--01004--008 **1026.25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS Land House CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT ! STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowerect to execute this report as required by Chapter 620, Florida Statutes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG GENERAL PARTNER SIGNATURÉ: 12/01/2005 305/393-1645

FILED