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LIMITED PARTNERSHIP REINSTATEMENT



Secretary of State

DIVISION OF CORPORATIONS

A99000001556

1. Name of Limited Partnership

03 DEC -8 PM 5:35

HomeSo	urce Parti	ners, Lta	/. 		200025; 12/03/0301003	264712 3006 **141.25
2. Principal Office Addr 1307 L	ee Rd	3. Mailing Office Address 2307 L	,		4. Date Formed or Registered To Do Business in Florida	9/99
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number 59 - 359389	Applied For Not Applicable
City & State Winter A	Park, FL	City & State Winter	Park, FL		CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
Zip 32789	Orange Drange	32789	Orange		7a. Capital Contributions as shown 2000. ∞	
8. Name and Address of Current Registered Agent			7b. Amount of Capital Contributions 2000 .	in FLORIDA to date:		
Name, Home Source Financial Corp. Street Address (P.O. Box Number is Not Acceptable)			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.			
2307 Lee Rd Suite, Apt. #, Etc.			Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.			
City		[84-1-]	7-0-4-		 Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b is 	greater than amount entered in
Winter Park State 32789			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 Ag	ent Accepting Appointment)	77	>	<u>.</u> .	DATE _	12.1.03
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 G	eneral Partner(s)	Address of Each (Do NOT Use Post 0			City, State and Zip Code	10a. Registration Document Number
•	rce Financia	2307 L	ce Rd	W:	nter Park, FL	P99000067801
Corp.					32789	
					ATEMENT_	D3
Note: General r	partners MAY NOT h	e changed on thi	s form: an ame	ndm	ent must be filed to chan	go a gonoral partner

11.	1 do hereby certify that the information supplied with this filling 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 indicate
	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
	trustee empowered to execute this report as equired by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form Barry Brooks

DATE 12.1.03

HOMESOURCE FINANCIAL CORPORATION

December 3, 2003

Department of State Division of Corporations Attn: Partnership Section PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Subject: A99000001556, HomeSource Partners, Ltd. reinstatement

I am writing to request a waiver of the \$500.00 reinstatement fee for HomeSource Partners, Ltd. We moved our offices during September 2002 and forwarded our mail to our new location at 2307 Lee Road in Winter Park, FL. Nevertheless, we did not receive our renewal package for 2003. We have filed all past reports on time and will make every effort to continue to do so in the future, as well as notify the department immediately in the event we have a change in address or registered agent. As a small business owner, it can be quite difficult to keep track of the numerous professional, state, county and city licenses and filings that must be maintained, in addition to controlling the operations of a business. Please accept our sincere apologies for this delinquency.

Sincerely,

Amy Brooks Controller