

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT				FLORIDA DEPARTMENT OF STATE The Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC 13 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>600000000312</b>						600004729816--5 -12/18/01--01015--005 ***2776.25 ***1026.25	
1. Name of Limited Partnership  PINETREE MHP, L.P.							
2. Principal Office Address 525 University Avenue Suite, Apt. #, etc. Suite #610 City & State Palo Alto, California Zip Country 94301 US		3. Mailing Office Address 525 University Avenue Suite, Apt. #, etc. Suite #610 City & State Palo Alto, California Zip Country 94301 US		4. Date Formed or Registered To Do Business in Florida 10/12/2000		5. FEI Number 911886831 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: 0.00							
7b. Amount of Capital Contributions to FLORIDA to date: \$250,000.00 <i>Filed</i>							
8. Name and Address of Current Registered Agent Name JIM FORD Street Address (P.O. Box Number is Not Acceptable) 6300 Queensbury Boulevard Suite, Apt. #, Etc. City Sarasota State FL Zip Code 34231						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> DATE 11/15/01							
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) The Ben F. Ivy Living Trust U/A dated April 28, 1983		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 525 University Avenue, Suite #610		City, State and Zip Code Palo Alto, CA 94301		10a. Registration Document Number  FF \$1,026.25	
REINSTATEMENT 2001							

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 *Ben F. Ivy, Trustee* DATE 10/19/01  
Ben F. Ivy, Trustee of the Ben F. Ivy Living Trust  
Typed or Printed Name of General Partner Signing Form II / A dated April 28, 1983  
Telephone Number 650/328-3800