

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 2 AM 10:41

DOCUMENT # B02000000160

1. Name of Limited Partnership

IWAYLOAN, LP
10190 OLD KATY RD. Suite 350
HOUSTON, TEXAS 77043

2. Principal Office Address

10190 OLD KATY
Suite, Apt. #, etc.
350

3. Mailing Office Address

SAME
Suite, Apt. #, etc.

City & State

HOUSTON TX

City & State

Zip

77043

Country

HARRIS

Zip

Country

8. Name and Address of Current Registered Agent

Name

LEXISNEXIS

Street Address (P.O. Box Number is Not Acceptable)

1525 SOUTH ANDREWS AVE

Suite, Apt. #, Etc.

216

City

FT LAUDERDALE

State

FL

Zip Code

33316

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)

[Signature]

DATE

10/8/03

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 General Partner(s)

**Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

City, State and Zip Code

**10a. Registration
Document Number**

IWAYLOAN, LP LLC

10190 OLD KATY
RD.
Suite 350

HOUSTON, TX
77043

M02000000
1249

REINSTATEMENT

03
dec

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

[Signature] DAVID CRUSSELL

DATE

713 821-9717
10/8/03

Typed or Printed Name of General Partner Signing Form

Telephone Number

CH2E039 (9/03)