JAN.13.1999 11:49AM B94000000239 NO.050 P.3/4

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB -4 AM 11:37

DOCUMENT # B94000000239

1. Name of Limited Partnership

The Entrepreneurial Value Fund, L.P.

DO NOT WRITE IN THIS SPACE.

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
3003 Tamiami Trail North	3003 Tamiami Trail North	6/23/94
Suite, Apt. #, etc. 3rd Floor	Suite, Apt. #, etc. 3rd Floor	5. FEI Number 65-0496305 ☐ Applied For ☐ Not Applicable
City & State Naples, FL	City & State Naples, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee applies for a Certificate of Status
Zip 34103 Country USA	Zip 34103 Country USA	7. State or Country of Format on Delaware

8a. Capital Contributions as Shown on Record:

8b. Amount of Capital Contributions in FLORIDA to date: 52,447,648

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $68.75 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent	10. If changed, new registered agent/office
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	Name Lisa M. Kelley Street Address (P.O. Box Number is Not Acceptable) 3003 Tamiami Trail North Suite, Apt. #, etc. 3rd Floor City Naples, FL Zip Code 34103

10a. 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) Lisa M. Kelley DATE 2/1/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
SPS Management, LLC	3003 Tamiami Trail N	Naples, FL 34103	M95000000262

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REINSTATEMENT 96-99

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****[illegible] ****[illegible]

CR2E039 (12/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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] DATE 1/15/99

Typed or Printed Name of General Partner Signing Form Bruce S. Sherman Telephone Number (941)261-2112