APPLICATION FOR REINSTATEMENT **FOR** LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

98 DEC 18 PM 1: 40

DOCUMENT # 89500000027			98 DEC 18 PM 1: 40	
1. Name of Limited Partnership GOLFSIDE Limited Partnership			SECRETARI OF STATE TALLAHASSEE, FLORIDA	
	-	,	DO NOT WRITE IN THIS SPACE.	
2. Mailing Address	3. Principal Office Address		4. Date Formed or Registered To Do Business in Florida	1/24/95
Suite, Apt #, etc. 4605 Village CTR DR	Suite, Apl. #, etc. 41605 Village CTY DR		5. FEI Number	Applied For
PALM Harbor FC	Palm Harbor FC		36 - 404949	Not Applicable S8.75 Additional Fee required
34685 Pinellas	34685 Country Praclas		CERTIFICATE OF STATUS DESIR	for a Certificate of Status
8a. Capital Contributions as Shown on Record: 1,766 360.00	FEES:1.) Filling Fee(s): Computed		0 on amount entered in 8b, with a minimu	ım filing fee of \$52.50 and a maximum of
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.				
8b. Amount of Capital Contributions in FLORIDA to date 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent</u> . 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 filling fee.				
9. Name and Address of Current Re	gistered Agent		10. If changed, new registered agent/office	
Don to a wall Resource to State The				
PRENTICE-HAll Corporation Systems, Ingeres Address (P.O. Box Number is Not Acceptable)				
1201 HAYES ST. Jute 105 Suite, Apr #, etc.			-12/24/9801106002	
Tallahassee, FC	32.30/ City		***2578.75 ****2578.75 u	
10a. Pursuant to the provisions of sections 620.1051 and 620.1092. 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)DATE				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Names of General Partner(s)	Address of Each General Partn (Do NOT Use Post Office Box Num		City, State and Zip Code	11a. Registration Document Number
Lansbroot Dev. Corp	4005 Village	ith Pal	'n HArbor, FC 34685	384080
07.500 H37.50	88.75			E
98 500 437.50				
99 437.50	88.75 88.75			
<i>,</i> *				47-00
>				0.00
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 filling 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 to execute the report as required to execute this report as required to execute the required

SIGNATURE

Typed or Printed Name of General Partner Signing Form Fre