

B95000000150

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Jeffrey B. B. [Signature] Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 AUG 31 AM 8:25 400002630334--3 -09/01/98--01059--002 D****750.40 SPAG****750.40	
DOCUMENT # B95000000150					
1. Name of Limited Partnership Hometown Financial Partners, Ltd.					
2. Mailing Address 900 North Michigan Avenue Suite, Apt. #, etc. City & State Chicago, Illinois Zip 60611 Country USA		3. Principal Office Address 900 North Michigan Avenue Suite, Apt. #, etc. City & State Chicago, Illinois Zip 60611 Country USA		4. Date Formed or Registered To Do Business in Florida 04/27/1995	
				5. FCI Number 65-0587396 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED ☐ \$675 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation Delaware	
8a. Capital Contributions as Shown on Record \$75,000.00		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): \$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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions as FLORIDA to date \$217,800.00					
9. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324			10. If changed, now registered agent/office Name Street Address (If C-Box Number Is Not Applicable) Suite, Apt. #, etc. City FL Zip		
			400002630334--3 -09/01/98--01059--001 ***2025.85 ***1024.85		
10a. Pursuant to the provisions of sections 620.10(1) 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>James M. Hol</i> 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 Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
HTF Managers, Inc.		900 N. Michigan Ave.		Chicago, IL 60611	
				11a. Registration Document Number F950000002044	
AR 875 4 x 177.50 110.75		Supplemental Affidavit filed 8/31/98. REINSTATEMENT 1998, 1999			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I am hereby certifying 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 <i>Karen H. O'Mahoney</i>		Asst. Secretary DATE 05/05/1998			
Typed or Printed Name of General Partner Signing Form HTF Managers, Inc.		Telephone Number (312) 915-1969			

CR2E039 (12/97)