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LIMITED	FLORIDA DEPARTMENT OF STA	IE Granes	ILED
PARTNERSHIP	Katherine Harris	SEURE IA	ILED RY OF STATE CORPORATIONS
REINSTATEMENT	Secretary of State	DIVIDION OF	CORPURATIONS
1 1 12 O	DIVISION OF CORPORATIONS	01 550 1	0.04.0.00
<u>ubk</u>			2 PM 2: 33
DOCUMENT # B96- I. Name of Limited Partnership Home Dynamics East	77		
L. Name of Limited Partnership			
Hans Dan's East	idee LT, Ltd.		
HOIFIE INVINIES	J ,		
			•
	4129100		
Principal Office Address	3. Mailing Office Address		
C • .1		4. Date Formed or Registered To Do Business in Florida	- 20 01
1810 W. Commercial Blud 4810 W. Commercial Blud.		<u>م. الح</u>	<u>~ ~ ~ </u>
Guite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
		65-069344	Not Applicable
City & State	City & State	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
AMACAC FL	Amaras FL	7a. Capital Contributions as shown or	n Roord:
Country Country	Zip Country	ioo	r Record.
33319 US	33319 US	7b. Amount of Capital Contributions in	n FLORIDA to date:
8. Name and Address of C	Current Registered Agent		
Name C L L		FEES	S:
		Filing Fee(s): Computed at a rate of \$5 in 7b, with a minimum filing fee of \$5.	
Street Address (P.O. Box Number is Not Acceptable)		for <u>each year due</u> this office.	2.30 and a maximum of \$457.55;
		Supplemental Fee(s): \$88.75 for eac with 1992 calendar year.	h <u>year due</u> this office, beginning
Suite, Apt. #, Etc.	•	3.) Penalty Fee(s): \$500 penalty fee for	each year report form is delinquent
City	State Zip Code	-Note: if the amount entered in 7b is	
Penbroke Pines	FL 33024	7a, a supplemental affidavit must be and appropriate filing fee.	submitted along with a separate
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.			
			. 1. 1
SIGNATURE (Registered Agent Accepting Appointment)	helived thous	DATE $m{arrho}$	7/7/_,
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
	Address of Each General Partner	City, State and Zip Code	10a. Registration
10. Name(s) of General Partner(s)	(Do NOT Use Post Office Box Numbers)	City, State and Zip Code	Document Number
Home Dynamics	4810 W.	TAMARAC, FL	P94-0000-
Tionic = growings	4810 W. Blud		46501
Home Dynamics Greporation	C34411.5 51.01	33319	10201
·		5000037	429359
		-02/20/0	1101048004
		****282	429359 101048004 .50 ****282.50
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at /	·		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
1 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)(i), Florida Statutes. I release the Division of			
Corporations from any liability of non-completive 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 equired by chapter 620, Florida Statutes.			
trustee empowered to execute this report as required by			

DAVID SCHACK

SIGNATURE _

Typed or Printed Name of General Partner Signing Form



Division of Corporations Attn: Partnership Section PO Box 6327 Tallahassee, FL 32314

February 6, 2001

We recently contacted your office regarding the status of one of our Limited Partnerships (Home Dynamics Eastridge LP, Ltd.) and were informed that your office had not received our business report for 2000. We did not file as we did not receive notice.

Attached please find our completed Limited Partnership Reinstatement form. In speaking with your representative, we were informed that our payment in the amount of \$282.50, which represents \$141.25 for years 2000 & 2001 and the completion of the attached reinstatement request would rectify this situation.

If you need further information, please call me at extension 20.

Sincerely,

Julie Leisi Controller

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