PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



1. Name of Limited Partnership

ALPINE - ORLANDO, L.P., LTD.

Alpine Assets, Inc., a California corporation, General Partner

SIGNATURE

Typed or Printed Name of General Partner Signing Form

02 APR 23 PM 3: 10
SECRETARY OF STATE
TABLAHASSEE FEORIDA

DATE 472 5 . 2001

Telephone Number (HS) 758-8681 x215

· .	9128101		
2. Principal Office Address 6345 BACEDA BWD	3. Mailing Office Address 6345 BACBOA BLVD	4. Date Formed or Registered To Do Business in Florida 6/10/96	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
SUITE 112	SUITEIZ	33-0684863	Not Applica
City & State City & State		6. CERTIFICATE OF STATUS DESIRED 7 State of Stat	
encino, a	encino, ca		
Country US	Zip Country Q1316 US	7a. Capital Contributions as shown on \$6,723,090	
8. Name and Address of 6	Current Registered Agent	7b. Amount of Capital Contributions in \$7,251,146	FLORIDA to date:
Name William A. Beckett, Esq. Street Address (P.O. Box Number is Not Acceptable) 215 North Eola Drive Suite, Apt. #, Etc. City Orlando	State Zip Code	1.) Filing Fee(s): Computed at a rate of \$ in 7b, with a minimum filing fee of \$52 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year due the amount entered in 7b is garden and appropriate filing fee.	7 per \$1,000 on amount entere 2.50 and a maximum of \$437.50 on year due this office, beginning each year report form is delingurereter than amount entered in
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)			
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
Alpine Assets, Inc.	6345 Balboa Blvd., Suite 1	12 Encino, CA 91316	F96000002599
HOM-1000,00 AL 875,00 ARSUPD 177.50 2052.50	RENISTATE	MENT 2001-	01028023 50 ****2052.50 2002-
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partne			

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 indicate 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

LEE KNIGHT