


APPLICATION FOR
REINSTATEMENT
LIMITED PARTNERSHIP



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

DOCUMENT # B9600000260

1. Name of Limited Partnership
TITUSVILLE DEVELOPMENT, L.P., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 15 PM 1:06

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 6610 N. Shadeland Avenue Suite, Apt. #, etc. 200 City & State Indianapolis, IN Zip 46220 Country USA		3. Principal Office Address 6610 N. Shadeland Avenue Suite, Apt. #, etc. 200 City & State Indianapolis, IN Zip 46220 Country USA		4. Date Formed or Registered To Do Business in Florida July 10, 1996	
8a. Capital Contributions as Shown on Record \$99.00		5. FEI Number 35-1779428 Applied For Not Applicable			
8b. Amount of Capital Contributions in FLORIDA to date \$99.00		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SB 75: Additional Fee required for a Certificate of Status</small>			
		7. State or Country of Formation Indiana			
8. 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): \$103.75 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 CT Corporation Systems 1200 South Pine Island Road Plantation, Florida 33324		10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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

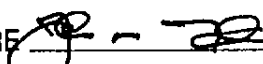
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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	11a. Registration Document Number
Kite Properties, Inc. P&W-TC - 500.00 A/R - 52.50 SUPP - 103.75 CUB - 8.75 <u>665.00</u>	6610 N. Shadeland Ave., Suite 200	Indianapolis, IN 46220 500002241645--2 -07/18/97--01093--001 ****665.00 ****665.00 REINSTATEMENT 1997 MTC CUS	F96000003496

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  , Vice-President DATE 7/14/97

Typed or Printed Name of General Partner Signing Form Kite Properties, Inc. Telephone Number 317/577-5600

CR2E039 (1/97)