


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Kathleen W. Harris, Governor DIVISION OF CORPORATIONS		B96000000361	
DOCUMENT # B96000000361					
1. Name of Limited Partnership WOODMERE, L.P.					
2. Mailing Address 650 West Georgia Street Suite, Apt. #, etc. Suite 2160 City & State Vancouver, B.C. Canada V6B 4N7 Zip V6B 4N7 Country Canada		3. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. Date Formed or Registered To Do Business in Florida 9/18/96 5. FEI Number 58-2259217 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7. State or Country of Formation Georgia	
8a. Capital Contributions as Shown on Record \$1,350,000.00 8b. Amount of Capital Contributions in FLORIDA to date \$1,350,000.00		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.			
9. Name and Address of Current Registered Agent Curt Fenelon 5501 University Club Blvd. North Jacksonville, FL 32211			10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
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	
The Club at Charter Point Corporation of Georgia		650 West Georgia St, Suite 2160, Vancouver, B.C., Canada V6B 4N7		Vancouver, B.C., Canada V6B 4N7	
Charter Club G.P., L.P.		1819 Peachtree St. NE Suite 520		Atlanta, GA 30309	
11a. Registration Document Number		F96000004766 B96000000360			
REINSTATEMENT 1999					
100002846811--3 -04/22/99--01013--002 ***1052.50 ***1035.00					

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 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

[Signature] **Asst. Secretary**

DATE

4-20-1999

Typed or Printed Name of General Partner Signing Form

The Club at Charter Point Corp of Georgia

Telephone Number

404-350-8337