

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11

LIMITED PARTNERSHIP
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

DOCUMENT # B97000000351

1. Name of Limited Partnership
HMTF FUND I PARTNERS, L.P.

2. Principal Office Address
200 Crescent Court

Suite, Apt. #, etc.
Suite 1600

City & State
Dallas, TX

Zip 75201 Country USA

3. Mailing Office Address (SAME)
200 Crescent Court

Suite, Apt. #, etc.
Suite 1600

City & State
Dallas TX

Zip 75201 Country USA

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State FL Zip Code 32301-2525

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)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
HMTF/Olympus GP, Inc.	200 Crescent Court Suite 1600	Dallas, TX 75201	F97000003678
4000003432964--5			
APM - 500.00 AR 437.50 HAXON 88.75 CS 8.75 1035.00			
REINSTATEMENT 2000			
(BK) (CUG)			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 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.

HMTF FUND I PARTNERS, L.P., By: HMTF/Olympus GP, Inc., its General Partner

SIGNATURE By: Ron J. Hoel, Vice President

DATE 10/17/2000

214/720-7800

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2039 (11/99)



THE UNITED STATES
CORPORATION
COMPANY

1397000000351

(2)

ACCOUNT NO. : 072100000032

REFERENCE : 867955 5151006

AUTHORIZATION :

Patricia Poynter

COST LIMIT : \$ 1035.00

ORDER DATE : October 18, 2000

ORDER TIME : 3:29 PM

ORDER NO. : 867955-010

CUSTOMER NO: 5151006

CUSTOMER: Ms. Renee Lee
OLYMPUS REAL ESTATE
OLYMPUS REAL ESTATE
200 Crescent Court
Suite 1600
Dallas, TX 75201

FILED
00 OCT 19 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: HMTFD FUND I PARTNERS, L.P.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
00 OCT 19 PM 4:39
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING