


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT <i>UBR</i>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # B97000000652			
1. Name of Limited Partnership Branch Capital Partners, L.P.			
2. Principal Office Address 1201 Peachtree St Suite, Apt. #, etc. Suite 1630 City & State Atlanta GA Zip 30361 Country USA		3. Mailing Office Address 1201 Peachtree St Suite, Apt. #, etc. Suite 1630 City & State Atlanta GA Zip 30361 Country USA	
8. Name and Address of Current Registered Agent Name Yergler, Jon C Street Address (P.O. Box Number is Not Acceptable) 40 Lowndes Drosdick et al Suite, Apt. #, Etc. 215 North Eola City Orlando State FL		4. Date Formed or Registered To Do Business in Florida 12/04/1997 5. FEI Number 58-2359089 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7a. Capital Contributions as shown on Record: \$30,000 7b. Amount of Capital Contributions in FLORIDA to date: 0 FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. 3) If the amount entered in 7b is greater than amount entered in supplemental affidavit must be submitted along with a separate appropriate filing fee. I, the undersigned, being duly sworn under the laws of the State of Florida, submits this statement and hereby accept the appointment of registered general partner(s).	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, I, the undersigned, being duly sworn under the laws of the State of Florida, submits this statement and hereby accept the appointment of registered general partner(s). SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____ A GENERAL PARTNER THAT IS A CORPORATION OR OTHER BUSINESS ENTITY MUST BE REGISTERED WITH THIS OFFICE.			
10. Name(s) of General Partner(s) Branch Managing Partners LLC		10a. Registration Document Number 400004742804--6 -12/28/01--01061--007 ****141.25 ****141.25	
Address of Each (Do NOT Use Post Office Numbers) 1201 Peachtree St. Suite 1630		City, State and Zip Code Atlanta, GA 30361	

12/18
no late fee or reinstatement fee due

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.

SIGNATURE _____ **DATE** 11/27/01

Typed or Printed Name of General Partner Signing Form _____ **Telephone Number** _____

CR2E039 (9/01)

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BRANCH
PROPERTIES, LLC
SUITE 1630
400 COLONY SQUARE
1201 PEACHTREE STREET
ATLANTA, GEORGIA 30361

404/832-8900

FILED
01 DEC 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FACSIMILE 404/892-8898

November 29, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Branch Capital Partners, L.P.
Document Number: B97000000652

Enclosed is a Limited Partnership Reinstatement form for Branch Capital Partners, L.P. and a filing fee of \$141.25. We previously sent the 2001 Uniform Business Report and a check for \$141.25 via certified mail back in April. We never received confirmation of receipt from your office. As our check is still outstanding, we are re-issuing the check and ask that you waive the penalty fee for late filing. I have enclosed copies of the original check and certified mail receipt.

If you have any questions please contact me at (404) 832-8911.

Thank you,

Niki Mancuso

Niki Mancuso
Branch Properties, LLC