

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE	
DOCUMENT # B98000000580		00 OCT 25 PM 3:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership CMS/BYRON HALL, L.P.			
2. Principal Office Address 1996 South Kirk Road Suite, Apt. #, etc. Suite 320 City & State Geneva, IL Zip 60134	3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country	4. Date Formed or Registered To Do Business in Florida 9/28/98	
5. FEI Number 36-4251541		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: 0-			
7b. Amount of Capital Contributions in FLORIDA to date: 0-			
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 Pine Island Road Suite, Apt. #, Etc. 300003457123--9 City Plantation		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. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note, If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
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) CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 10/25/2000			
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) CMS/Byron Hall, Inc. Adm. 500.00 AR 52.50 AR 88.75 Cuz 8.75 650.00	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1996 South Kirk Road Ste. 320 Geneva, IL 60134	City, State and Zip Code Geneva, IL 60134 300003457123--9 -11/08/00--01040--025 *****00 *****1.00	10a. Registration Document Number
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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 Thomas F. Brett II DATE 10/24/00 Typed or Printed Name of General Partner Signing Form Thomas F. Brett II, Secretary of GP Telephone Number 312-641-6888			