


<p>APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP</p> <p>1999 AR</p>  <p>LOUISIANA DEPARTMENT OF STATE B98000000676 DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>99 MAY 20 AM 10:32</p>	
<p>DOCUMENT # B98000000676</p> <p>1. Name of Limited Partnership Osceola - Holiday L.P.</p> <p style="text-align: right;">44-AR CM</p>			
<p>2. Mailing Address 5601 Sound Bluff Rd.</p> <p>Suite, Apt. #, etc.</p>		<p>4. Date Formed or Registered To Do Business in Florida</p>	
<p>City & State Ocean Springs</p>		<p>5. FEI Number 64-090510</p>	
<p>Zip MS 39564</p>	<p>Country Jackson</p>	<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	
<p>8a. Capital Contributions as Shown on Record</p>		<p>7. State or Country of Formation</p>	
<p>8b. Amount of Capital Contributions in FLORIDA to date</p>		<p>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.</p>	
<p>9. Name and Address of Current Registered Agent Don Bodin 1290 North Palm Avenue Sarasota FL 34236</p>		<p>10. If changed, new registered agent/office: Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code</p>	
<p>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). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.</p>			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	
<p>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</p>			
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
Smita Management Corporation	5601 Sound Bluff Road	Ocean Springs MS 39564	B980000006348
<p>7000002886067--7 -05/25/99--01074--007 ****141.25 ****141.25</p>			
<p>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</p>			
<p>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.</p>			
SIGNATURE S. Sangani		DATE 5/7/99	
Typed or Printed Name of General Partner Signing Form Smita Sangani		Telephone Number 228 864-9888	