. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERS REINSTATEM	HIP IENT	Se etaly of State DIVISION OF CORPORATIONS	O1 DEC 20 PH		
 Name of Limited Part doing buines 	T# B99000 Inership MONARCH PR is in Florida as A Properhes	ODOOO 4 OPERTIES, L.P. Naples, Limited Pari	TALLAHASSEE, FLO	4: 09 ATE RIDA	
2. Principal Office Address 9240 Bowith Brach Rd		3. Mailing Office Address Earle as office	4. Date Formed or Registered To Do Business in Florida	12151/99	
Suite, Apt. #, etc. Su 1}c 1101		Suite, Apt. #, etc.	5. FEI Number 51-0991843	51-099 843 Not Applicable	
BONISH SPRINGS / FL		City & State	CERTIFICATE OF STATUS DESIRED	CERTIFICATE OF STATUS DESIRED S S8.75 Additional Fee required for a Certificate of Status 7.8 Capital Contributions as shown on Record:	
34125	Country U.S.A	Zip Country	7b. Amount of Capital Contributions	in El OPIDA to date:	
Suite, Apt. #, Etc. City Plantation State FL 33324 9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organi for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)			1.) Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of \$t for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b is 7a, a supplemental affidavit must be and appropriate filing fee. Pership organized or registered under the laws of the Stage was authorized by its general partner(s). I hereby a	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 definquent. 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. nized or registered under the laws of the State of Florida, submits this statement thorized by its general partner(s). I hereby accept the appointment of registered DATE DATE DATE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
MARIONA MARION MP Opera		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9240 Bor The Brach Road	City, State and Zip Code Bow 1 Th Spring 5/ Fu/ 34/35 300047 -12/26/0 CU ****446	Na01069007	
AR 437.50 ARSUPP 88.75 CVS 87.50 100004789193-00 -12/28/01-01069-008 ****588.75 Note: General parks 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.					