PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERS REINSTATEM	HIP	Secretar	TMENT OF STA ne Harris y of State corporations	ATE			FILED ARY OF STATE F CORPORATIONS 7 AMII: 05	
DOCUMENT# 1. Name of Limited Partnership Argora Properties, LP					2000			
2. Principal Office Address 8/15 Preston Road Suite, Apt. #, etc. Sui		3. Mailing Office Address 81(5 Pres ton Road) Suite, Apt. #, etc. Suite = 500 City & State Dalles, 74 Zip 75225 Country 75225 USA)	4. Date Formed or Registered To Do Business in Florida 7. 15. 9 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED 88.75 Additional Fee required for a Certificate of Status 7a. Capital Contributions as shown on Record:			
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State State Zip Code FL 3.3324					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. RANDY A. SHELLEY SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORRORATION, 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 Maggistration Document Number Maggistration Document Number								CR2E039 (11/99)
	any, LLC	Suite 5 Dulles, T	X X223			·12/12/ ****65	96469 3 0001024007 0.00 ****650.00	
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 it 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 Statuses. SIGNATURE DATE								
Typed or Printed Name of G	eneral Partner Signing Form	lickeel 6.	Loftis,	, 6P	of Line Tone Nu	ımber <u>21'</u>	4-344-9001	_