

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
 DIVISION OF CORPORATIONS

01 NOV 16 AM 9:46

<b>LIMITED PARTNERSHIP REINSTATEMENT</b> 2000-2001		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # B99000000149			
1. Name of Limited Partnership EFO LAND, LP			
2. Principal Office Address 2728 N HARWOOD ST Suite, Apt. #, etc.		3. Mailing Office Address PO BOX 199000 Suite, Apt. #, etc.	
City & State DALLAS, TX Zip 75201		City & State DALLAS, TX Zip 75219	
Country USA		Country USA	
4. Date Formed or Registered To Do Business in Florida 04/08/1999			
5. FEI Number 75-2829867		Applied For Not Applicable	
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: \$0			
7b. Amount of Capital Contributions in FLORIDA to date: \$5,702,400			
<b>FEES:</b> 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.			
8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301-2525			
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) _____ DATE _____			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
10. Name(s) of General Partner(s) EFO LAND GENPAR, LLC	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2728 N HARWOOD ST	City, State and Zip Code DALLAS, TX 75201	10a. Registration Document Number M99000000526
REINSTATEMENT 2000-2001		900004630569-5 -10/11/01--01005--003 ***1282.50- ***1282.50 FF \$2052.00 900004630569-5 -11/16/01--01032--001 *****770.00 *****770.00	
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 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 JEFF A MASON		DATE 10/1/01	
Typed or Printed Name of General Partner Signing Form		Telephone Number 214-981-5000	

CR2E039 (8/00)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 12, 2001

EFO LAND, L.P.  
PO BOX 199000  
DALLAS, TX 75219

SUBJECT: EFO LAND, L.P.  
Ref. Number: B99000000149

We have received your document for EFO LAND, L.P. and your check(s) totaling \$3032.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is an additional \$770 due for this reinstatement. It appears that you have calculated your fees based on the minimum filing fee, but with your contributions the amount is \$437.50 per year rather than \$52.50 per year. Because we cannot file your supplemental affidavit until the reinstatement is filed, we are returning them both to you. Please return them both to this office along with your check for \$770 and a copy of this letter.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section  
Division of Corporations Letter Number: 301A00056797

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## CENTEX

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Centex Corporation  
P.O. Box 199000  
Dallas, Texas 75219-9000  
  
2728 North Harwood  
Dallas, Texas 75201-1516  
  
Phone: 214 981-5000

November 2, 2001

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

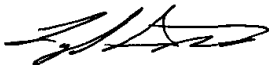
**Subject:** EFO Land,-LP  
Ref. Number B99000000149

This letter is in response to the attached notice, dated October 12, 2001. In the aforementioned notice, the State of Florida has indicated that an additional \$770 is due for reinstatement.

Per the State's request, we are enclosing the \$770 payment as well as the limited partnership reinstatement and supplemental affidavit of capital contributions.

If you have any questions or comments concerning the above documents, please call at (214) 981-6134.

Sincerely,



Lyle E. Stevens  
Tax Manager

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