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LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 OCT -2 AM 8:20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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DOCUMENT # A00000000471

1. Name of Limited Partnership Romeo Fiore Limited Partnership

2. Principal Office Address 2775 Sunny Isles Blvd.

3. Mailing Office Address 2775 Sunny Isles Blvd.

4. Date Formed or Registered To Do Business in Florida 3-9-2000

Suite, Apt. #, etc. 118

Suite, Apt. #, etc. 118

5. FEI Number 65-0991135 Applied For Not Applicable

City & State North Miami Beach

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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip 33160 Country USA

Country USA

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Country USA

7a. Capital Contributions as shown on Record: \$33,059,750

7b. Amount of Capital Contributions in FLORIDA to date: approx \$900,000

8. Name and Address of Current Registered Agent

Name Barry A. Nelson

Street Address (P.O. Box Number is Not Acceptable) 2775 Sunny Isles Boulevard

Suite, Apt. #, Etc. 118

City North Miami Beach State FL Zip Code 33160

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) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

Table with 4 columns: 10. Name(s) of General Partner(s), Address of Each General Partner (Do NOT Use Post Office Box Numbers), City, State and Zip Code, 10a. Registration Document Number. Rows include Elaine Alt and Dr. Joan Fiore, Successor co-Trustees, Romeo Fiore Revocable Trust.

REINSTATEMENT 2001-2003

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 Elaine F. Alt DATE 9/26/03 Typed or Printed Name of General Partner Signing Form ELAINE F. ALT Telephone Number 781-639-2216

CR2E038 (10/02)