

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

**FILED**  
**Oct 19, 2005**  
**Secretary of State**

DOCUMENT# A01000000391

**Entity Name:** SP FAMILY LTD.

**Current Principal Place of Business:**

2940 N.W. 188TH STREET, #111  
AVENTURA, FL 33180

**New Principal Place of Business:**

2940 N.E. 188TH STREET, #111  
AVENTURA, FL 33180

**Current Mailing Address:**

2940 N.W. 188TH STREET, #111  
AVENTURA, FL 33180

**New Mailing Address:**

2940 N.E. 188TH STREET, #111  
AVENTURA, FL 33180

**FEI Number:** 52-2302033      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COHN, ALAN B ESQ.  
C/O ABRAMS ANTON P.A.  
2021 TYLER STREET  
HOLLYWOOD, FL 32320 US

**Name and Address of New Registered Agent:**

COHN, ALAN B ESQ.  
GREENSPOON MARDER P.A.  
100 W. CYPRESS CREEK ROAD, STE. 700  
FT. LAUDERDALE, FL 33309 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALAN B. COHN

10/19/2005

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 500.00  
**Amount of Capital Contributions in Florida to date:** 500.00

**GENERAL PARTNER INFORMATION:**

Document #: P00000075986  
Name: AVENTURA REHAB, INC.  
Address: 2940 N.W. 188TH STREET, #111  
City-St-Zip: AVENTURA, FL 33180

**ADDRESS CHANGES ONLY:**

Address: 2940 N.E. 188TH STREET, #111  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: AVENTURA REHAB, INC.

P

10/19/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date