

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **AD1000001031**

1. Name of Limited Partnership
CARR REAL ESTATE VENTURES, LTD.

2. Principal Office Address
1500 NE 131 Street

3. Mailing Office Address
1500 NE 131 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami, Florida

City & State
North Miami, Florida

Zip Country
33161 Miami-Dade

Zip Country
33161 Miami-Dade

8. Name and Address of Current Registered Agent

Name
Evan R. Marbin, Esq.

Street Address (P.O. Box Number is Not Acceptable)
48 East Flagler Street

Suite, Apt. #, Etc.
PH-104

City State Zip Code
Miami FL 33131

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) *[Signature]* DATE 11/19/04

A GENERAL PARTNER THAT IS A CORPORATION, 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	10a. Registration Document Number
Carr Real Estate, Inc.	1500 NE 131 Street	North Miami, Florida 33161	P01000071875

REINSTATEMENT 2003-2004

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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 *[Signature]* DATE 11/19/04
Typed or Printed Name of General Partner Signing Form **Randy Carr, as President** Telephone Number **(305) 899-9006**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten initials]

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