

2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A0200000708

1. Entity Name
FREUND FAMILY PARTNERSHIP, LTD.



FILED

2004 NOV -4 PM 3:49

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Principal Place of Business
 695 BUTTWOOD LN.
 BAY POINT, FL 33137

Mailing Address
 695 BUTTWOOD LN.
 BAY POINT, FL 33137



10202004 REIN-LP CR2E100 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 59-1792217

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

M & W AGNETS, INC.
 2101 CORPORATE BLVD., STE. 107
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$10,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	FREUND HOLDINGS LLC	CITY - ST - ZIP	
STREET ADDRESS	695 BUTTWOOD LN.		
CITY - ST - ZIP	BAY POINT, FL 33137		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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 12/02/04--01048--019 **526.25

REINSTATEMENT 2004

14. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Date: 12/20/04 Daytime Phone #: 305-596-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE