

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A05000001294

1. Entity Name
SABET FAMILY LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 DEC -5 AM 8:53

Principal Place of Business
**5660 COLLINS AVE., APT. 18A-B
 MIAMI BEACH, FL 33140**

Mailing Address
**5660 COLLINS AVE., APT. 18A-B
 MIAMI BEACH, FL 33140**

2. Principal Place of Business
 Suite, Apt. #., etc.

3. Mailing Address
 Suite, Apt. #., etc.

City & State
 City & State

Zip Country Zip Country



10132006 REIN-LP CR2E100 (11/05)

4. FEI Number
205958916

Applied For
 Not Applicable

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

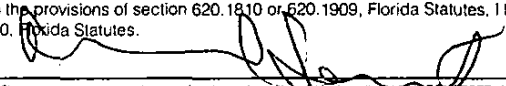
6. Name and Address of Current Registered Agent

**FERRERO-CARR, ROSARIO ESQ.
 C/O ROZENCWAIG & FERRERO-CARR
 301 W. HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009**

7. Name and Address of New Registered Agent

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

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and date if applicable. (REGISTERED AGENT MUST SIGN)

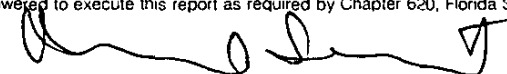
**FILE NOW!!! FEE IS \$1000.00
 After January 1, 2007, Fee will be \$2000.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	SABET FAMILY HOLDINGS, L.C. 5660 COLLINS AVE., APT. 18A-B MIAMI BEACH, FL 33140	STREET ADDRESS CITY-ST-ZIP	300082465603 12/12/06--01017--009 **1000.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date Daytime Phone #