


(H06000267356)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 NOV -3 A 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |  |
|--|---|--|
| <b>LIMITED<br/>PARTNERSHIP<br/>REINSTATEMENT</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # A05000001303

1. Name of Limited Partnership

**OTTO FRED LIMITED PARTNERSHIP**

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 2. Principal Office Address<br><b>4080 NW 99th Avenue</b> |                       | 3. Mailing Office Address<br><b>4080 NW 99th Avenue</b> |                       |
| Suite, Apt. #, etc.                                       |                       | Suite, Apt. #, etc.                                     |                       |
| City & State<br><b>Coral Springs, FL</b>                  |                       | City & State<br><b>Coral Springs, FL</b>                |                       |
| Zip<br><b>33065</b>                                       | Country<br><b>USA</b> | Zip<br><b>33065</b>                                     | Country<br><b>USA</b> |

CR2E039 (11/05)

|  |  |
|--|--|
| 4. Date Formed or Registered To Do Business in Florida | <b>07/05/2005</b>  |
| 5. FEI Number  | <b>N/A</b>   |
| Applied For  | <input checked="" type="checkbox"/> Not Applicable                                 |
| 6. CERTIFICATE OF STATUS DESIRED                       | <input type="checkbox"/> \$875 Additional Fee required for a Certificate of Status |

**B. Name and Address of Current Registered Agent**

Name: **Paul A. Shelowitz, Esq.**

Street Address (P.O. Box Number or Mail-Accessible):  
**One Southeast Third Avenue**

Suite, Apt. #, Etc.:  
**28th Floor**

City: **Miami** State: **FL** Zip Code: **33131**

**7. FEES:**

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records

9. 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 (Registered Agent Accepting Appointment):  **Paul A. Shelowitz** DATE **11/1/06**

**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 |
|-----------------------------------|--|--------------------------|-----------------------------------|
| OTTO FRED HOLDINGS, INC.          | 4080 NW 99th Avenue  | Coral Springs, FL 33065  | P05000094202                      |

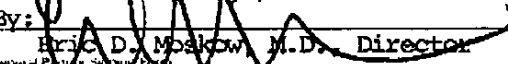
**REINSTATEMENT** *ob*

*[Signature]*

**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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 effect 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.

**Otto Fred Holdings, Inc.**

SIGNATURE By:  **Eric D. Moskowitz, M.D., Director** DATE \_\_\_\_\_

Type or Print Name of General Partner, Receiver or Trustee Telephone Number \_\_\_\_\_

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Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0388  
From: *Paul O. Toledo, Counsel*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

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DIVISION OF CORPORATION

**LP/LLLP REINSTATEMENT**

**OTTO FRED LIMITED PARTNERSHIP**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
| Certified Copy        | 0          |
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