

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**FILED**

13 MAY 23 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** A06000001552

1. Name of Limited Partnership

**SAMET FAMILY PARTNERSHIP, L.P.**

900248216149  
05/23/13--01026--002 \*\*3000.00  
**REINSTATEMENT 11-13**

2. Principal Office Address - No P.O. Box #  
**9100 S. Dadeland Blvd**

3. Mailing Office Address  
**9100 S. Dadeland Blvd**

Suite, Apt. #, etc.  
**Suite 1600**

Suite, Apt. #, etc.  
**Suite 1600**

City & State.  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip **33156** Country **USA**

Zip **33156** Country **USA**

4. Date Formed or Registered  
To Do Business in Florida

5. FSI Number  
**52-2007096**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

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

Name  
**G, B, B-B- REGISTRIES, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**7301 SW 57TH COURT**

Suite, Apt. #, Etc.  
**SUITE 560**

City  
**SOUTH MIAMI**

FL Zip Code  
**33143**

**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.

E-mail Address:

**ABinstock@braae.com**

E-Mail address to be used for future annual report notices.

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)

(REGISTERED AGENT MUST SIGN)

DATE **5/15/13**

**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
GERALD H. SAMET	4553 STERN AVE.	SHERMAN OAKS, CA 91423	
JOAN S. DZIEKANSKI	101 WEST 23RD ST., APT 2L	NEW YORK, NY 10011	

**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 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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE *Joan S Dziekanski*

DATE **5/15/13**

Typed or Printed Name of General Partner Signing Form

**Joan S Dziekanski**

Telephone Number **212-645-2978**