

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

2005 APR 28 PM 2: 16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A94000001398

1. Name of Limited Partnership

Chasen Family Partners, Ltd.

2. Principal Office Address

1000 Venetian Way

Suite, Apt. #, etc.

Suite 801

City & State

Miami, FL

Zip

33139

Country

USA

3. Mailing Office Address

1000 Venetian Way

Suite, Apt. #, etc.

Suite 801

City & State

Miami, FL

Zip

33139

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

Oct. 17, 1994

5. FEI Number

65-0541267

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

1,250,000

7b. Amount of Capital Contributions in FLORIDA to date:

8. Name and Address of Current Registered Agent

Name

Jerry Simon Chasen

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

1000 Venetian Way

Suite, Apt. #, Etc.

Suite 801

City

Miami

State

FL

Zip Code

33139

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)

DATE

**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
M.I.J.B.S., INC.	1000 Venetian Way, Suite 801	Miami, FL 33139	P98000072838
<p><b>REINSTATEMENT</b> 01-05 NO PENALTY</p>		05/17/05--01060--018	**2692.50

**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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

*Jerry Chasen*

DATE

4/25/05

Typed or Printed Name of General Partner Signing Form

JERRY CHASEN

Telephone Number

3053770718

CR2E039 (10/02)