## , PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

* * * *						
LAITED	F	LORIDA DEPAR Katherir	7			
PA TEACHIP		Secretary of the		FILED		
HY	X	TO OF ORF RAIONS		01 JUN 13 PM 3: 53		
1110000 1100			SECRETARY OF STATE			
DOCUMENT # A9800001125  1. Name of Limited Partnership				TO IN	ALT TE FLORDA	
JENE'S RETIREMENT INVESTORS, LTD.				enoc	0044232662	
			9/24/0	γh <del>-</del>	06/15/0101100001 ****132.50 ****132.50	
Principal Office Address C/o Norman Ginsparg 1595 N.E. 145 <sup>th</sup> Street		3. Mailing Office Address Williamsburg Retirement Investors, Ltd C/o Norman Ginsparg		4. Date Formed or Registered To Do Business in Florida 05/06/1998		
Suite, Apt. #, etc.		Mailing Office Address		5. FEI Number	Applied For	
N/A		11190 Biscayne Boulevard		65-0920415	Not Applicable	
City & State Miami, Florida		City & State N. Miami, Florida		6. No-t	58.75 Additional Fee required for a Certificate of Status	
Zip 33161	Country USA	Zip 33181	Country USA	7a. Capital Contributions as sh \$550,000	lown on Record:	
8. Name and Address of Current Registered Agent				7b. Amount of Capital Contribu	7b. Amount of Capital Contributions in FLORIDA to date:	
Name Norman Ginsparg				\$6,500		
	P.O. Box Number is No	t Acceptable)		•	FEES:	
11190 Biscayne Boulevard				with a minimum filing fee of \$52.50	Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>each year</u> due this office.	
Suite, Apt. #, etc. N/A				Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.     Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> Note: If the amount entered in 7b is greater than amount entered in 7a, a		
City	state   Zip Code   supplemental affidavit must be submitted along with appropriate filing fee.					
9. Pursuant to the p	rouisians of acetions 520 to		33181	and partnership organized or registered under	r the laws of 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 520.192, Florida Statutes.						
<del></del>	gistered Agent Accepting A		<u>h 13 -                                  </u>	DATE	6-12-01	
A GENER				PARTNERSHIP OR OTHER VE WITH THIS OFFICE.	BUSINESS ENTITY	
10. Name(s) of	f General Partner(s)		h General Partner st Office Box Number	City, State and Zip Code	Registration  10a. Document Number	
Jene's Retire	: ement Living, Inc.	11190 Bisca	yne Boulevard	North Miami, FL 33181	P98000040692	
\dagger_{\dagger_{\dagger}}\dagger_{\dagger_{\dagger}}\dagger_{\dagger_{\dagger}}\dagger_{\dagger_{\dagger_{\dagger}}}\dagger_{\d		. Azinsimeli		6000	04423266-+2	
				view i	06/15/01~-01100~-002 ****150.00 ****150 <b>.</b> 00	
Note: Genera	al partners MAY N	_/ OT be changed o	n this form; an am	endment must be filed to cha	ange a general partner.	
11. I do hereby certify that the information supplied with this filling 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 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, reselver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.						
Jene's Retrement Living, Inc.  SIGNATURE BY:						
Typed or Printed Name of General Partner Signing from Phillip Esformes, Vice President of Telephone Number 305 - 895 - 4899  Jene's Retirement Living, Inc.						



June 13, 2001

SARA LEA CSC TALLAHASSEE, FL

SUBJECT: JENE'S RETIREMENT INVESTORS, LTD.

Ref. Number: A98000001125

We have received your document for JENE'S RETIREMENT INVESTORS, LTD. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

With your letter, we will be able to waive the \$500.00 a year penalty fee. But the partnership must pay its \$52.50 a year UBR fee, and its \$88,75 a year SUPPLEMENTAL FEE.

Please return your filing with a total of \$282.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Buck Kohr Corporate Specialist

Letter Number: 801A00036269

PH 3: 53

## NORMAN J. GINSPARG 11190 BISCAYNE BLVD. NORTH MIAMI, FLORIDA 33181 305-298-2665 (f)208-977-8727

FILED

OI JUN 13 PH 3: 53

SECRETARY OF STATE
RODA

June 12, 2001

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, Fl. 32399

Re: Reinstatement of limited partnerships

## Dear Sir or Madam:

The five limited partnerships listed below have recently learned that they were administratively dissolved for failure to file UBRs. These entities never received the UBRs to file in either 1999 or 2000. Had they received the UBRs, these entities would have timely filed them.

Please accept the enclosed Reinstatement forms and filing fee checks payable to the Department of State, and reinstate these entities.

## Sincerely,

La Covadonga Retirement Investors, Ltd	65-0857683
Jene's Retirement Investors, Ltd	65-0920415
Rainbow Retirement Investors, Ltd	65-0908659
The Pointe Retirement Investors, Ltd	65-0887594
Courtyard Manor Retirement Investors, Ltd.	65-0910043

Norman J. Ginsparg Director of Finance