A		00		<b>A</b>	010	110	
PARTNERS REINSTATEM	HIF IENT	FORIL EPA Secreta	INS FE	ŘE ATL		FILED 3 JAN 31 PM 12: 33	
DOCUMENT  1. Name of Limited Part  Century/Roy			St TA	EURÉTART OF STATE LLAHASSEE, FLORIDA			
2. Principal Office Address 13343 SW 88th Avenue		3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida 04	1/14/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<b>5.</b> FEI Number 65-0903691	Applied For Not Applicable	
City & State Miami, Florida		City & State			CERTIFICATE OF STATUS DESIRED	ior a certificate of Status	
<sup>Zip</sup> 33176	Country USA	Zip	Country		7a. Capital Contributions as shown of 7b. Amount of Capital Contributions	300,000.00	
8. Name and Address of Current Registered Agent					Amount of Capital Contributions	IN PEONIDA IO GAIG.	
Name Miami Corporate Systems, Inc.					FEE		
Street Address (P.O. Box Number is Not Acceptable) 283 Catalonia Avenue					<ol> <li>Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of \$5 for each year due this office.</li> <li>Supplemental Fee(s): \$88.75 for each</li> </ol>	2.50 and a maximum of \$437.50,	
Suite, Apt. #, Etc. Second Floor					with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for		
Coral Gable		State Zip Code FL 33134			Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statuter in adore-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, and 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 50.192, Florida Statutes.							
SIGNATURE (Registered Agent Accepting Appointment)  DATE 01/17/2003							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
<b>10.</b> Name(s) of Ge	aneral Partner(s)		n General Partner Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number	
Royale Pointe	Group, Inc.	c/o Alberto J. Parlade, M Esq.			mi, Florida 33186	P98000046478	
	و مستقید در الاقتیام میکندند. این این	3850 SW 87 Avenue Suite 207			90001111 01/29/0301013-	56009 -008 **2052.50	
Century Manaç Inc.	gement Group,	7270 NW 12 Street Suite 410		Mia	mi, Florida 33126	P97000011266	
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 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 perf-coordinance 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 thy signature shall have the same legal effects as if made under cert. 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					DATE	<u>श्विश्वराट</u>	
Typed or Printed Name of General Partner Signing Form Century Management Group, Inc.  Telephone Number (305) 599-8100							