REINSTATEMENT

DOCUMENT # A95000002427

1. Entity Name

LA SEGOVIA REALTY, LTD.

FILED

02 NOV -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business	Mailing Address
8840 NE 2ND AVENUE MIAMI FL 33138	8840 NE 2ND AVENUE MIAMI FL 33138

11/1 2002

DUE BY SEPTEMBER 25, 2002

2. Principal Place of Business	3. Mailing Address
12205 NE 6 Ave	PO Box 530142
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami, Florida	City & State: Miami Shores, Florida
Zip: 33161 Country: USA	Zip: 33153-0142 Country: USA

4. FEI Number 59-3571835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDEN, RICHARD A KRAMER & GOLDEN, P.A. 12000 BISCAYNE BLVD., SUITE 500 NORTH MIAMI FL 33181	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$29,200.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F95000001763	STREET ADDRESS	PO Box 530142
NAME	THE ALEGRO CORPORATION	CITY-ST-ZIP	Miami Shores, Fl. 33153-0142
STREET ADDRESS	120 N.E. 90 STREET		
CITY-ST-ZIP	EL PORTAL FL 33138		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 10/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (4/02)

000587 AT