2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED
05 MAR 31 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000000286

1. Entity Name
BLOOD BROTHERS LIMITED

Principal Place of Business	Mailing Address
1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146	BILL KENWRIGHT LTD 106 HARROW RD, BLK HOUSE LONDON W21RR UNITED KINGDOM,

01072005 REIN-LP CR2E100 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0394617 ☐ 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
CORPORATION INFORMATION SERVICES 1201 HAYS STREET TALLAHASSEE, FL 32301	Name: Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue Suite 125 City: Coral Gables FL Zip Code: 33146

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: _____ Leslie Shane, VP 3/15/05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,000,000.00	

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 #	P93000019323	STREET ADDRESS	000049906770 04/05/05--01055--012 **500.00
NAME	B.B. MANAGEMENT CORP.		
STREET ADDRESS	1500 SAN REMO AVE., #125	CITY-ST-ZIP	000049906770 04/05/05--01055--013 **1552.50
CITY-ST-ZIP	CORAL GABLES, FL 33146		
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REINSTATEMENT 2004-2005

STAPLE CHECK HERE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 3/15/05 Daytime Phone #