

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A03000001458

1. Entity Name
MACROS, LLLP



SECRET
DIVISION
STATE
RELATIONS
06 FEB 24 AM 11:03

Principal Place of Business
3501 DURANGO STREET
CORAL GABLES, FL 33134

Mailing Address
3501 DURANGO STREET
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222006 REIN-LP CR2E100 (11/05)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name Lisette NUNEZ

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

3501 DURANGO STREET

City CORAL GABLES

FL

Zip Code 33134

8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE

[Signature]

Feb 24, 2006

DATE

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**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 #

NAME

NUNEZ, LISETTE G

STREET ADDRESS

3501 DURANGO STREET

CITY-ST-ZIP

CORAL GABLES, FL 33134

STREET ADDRESS

CITY-ST-ZIP

600067290696

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02-24-2006

Date

Daytime Phone #

STAPLE CHECK HERE