

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

OCT 30 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2001  
**LIMITED PARTNERSHIP REINSTATEMENT**  
UBR

**DOCUMENT #** A00000000573  
**1. Name of Limited Partnership**  
FERKAUF FAMILY LTD.

<b>2. Principal Office Address</b> 3095 N. COURSE DRIVE Suite, Apt. #, etc. APT 502 City & State POMPANO BEACH FLORIDA Zip 33069		<b>3. Mailing Office Address</b> 3095 N. COURSE DRIVE Suite, Apt. #, etc. APT 502 City & State POMPANO BEACH FLORIDA Zip 33069	
Country U.S.A.		Country U.S.A.	

**4. Date Formed or Registered To Do Business in Florida** APRIL 3, 2000

<b>5. FEI Number</b> 65-1002154	<b>Applied For</b> Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED**  **\$8.75 Additional Fee required for a Certificate of Status**

**7a. Capital Contributions as shown on Record:**  
\$120,000

**7b. Amount of Capital Contributions in FLORIDA to date:**  
\$120,000

**8. Name and Address of Current Registered Agent**

Name  
EUGENE FERKAUF

Street Address (P.O. Box Number is Not Acceptable)  
3095 N. COURSE DRIVE

Suite, Apt. #, Etc.  
APT 502

City  
POMPANO BEACH

State  
FL

Zip Code  
33069

**FEES:**

1. 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 each year due this office.

2. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

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 Statutes, the above 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, 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 620.192, Florida Statutes.**

SIGNATURE (Registered Agent Accepting Appointment) *Eugene Ferkauf* DATE 10/17/01

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Eugene Ferkauf	3095 N. Course Dr., Apt	502 Pompano Bch Fl 33069	500004676825--0 -11/13/01--01071--002 ****528.25 ****528.25
Estelle Ferkauf	3095 N. Course Dr., Apt.	502 Pompano Bch Fl 33069	
Barbara Dor	67 Allenwood Road	Great Neck, N.Y. 11026	
Amy Shapira	1107 S. Kings Row	Carbondale, Co 81623	
Lenore Bronstein	105 Grist Mill Lane	Great Neck, N.Y. 11023	

**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 filing 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 that my signature shall have the same legal effects as if made under oath. 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 *Estelle Ferkauf* DATE 10/17/01  
Typed or Printed Name of General Partner Signing Form Estelle Ferkauf Telephone Number (954) 970-8612

CR2E038 (9/01)