| f | • |
|-----------|---|
| 4.0 | |
| ~ ~ ~ · · | |

LIMITED **PARTNERSHIP** REINSTATEMENT

DOCUMENT#



RIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALEAHASSEE, FLORIDA

A0000000592 1. Name of Limited Partnership Cisneros Investment Group I, Ltd.

| | | | | 9/28/01 | | |
|------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 2. Principal Office Address 330 Dolias Court | | 3. Mailing Office / 330 Dolias Cou | | | 4. Date Formed or Registered To Do Business in Florida April 6, 2000 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 65-0998200 No | oplied For ot Applicable |
| City & State Coral Gables, FL | | City & State Coral Gables, I | City & State Coral Gables, FL | | CERTIFICATE OF STATUS DESIRED S8.75 Additional for a Certifical | |
| Zip | Country | Zip | | Country | 7a. Capital Contributions as shown on Record: \$600,000.00 | |
| 33143 USA 33143 USA 8. Name and Address of Current Registered Agent | | | | | 7b. Amount of Capital Contributions in FLORIDA to date: \$600,000.00 | |
| Name CorpDirect Agents Street Address (P.O. Box Number is Not Acceptable) 103 North Meridian Street, Lower Level | | | | 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 <u>each year due</u> this office. | | |
| Suite, Apt. #. Etc. | | | | Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Penalty Feels): \$500 penalty fee for each year report form is delinquent. | | |
| City Tallahassee | | | State FL | Zip Code 32301 | Note, if the amount entered in 7b is greater than amount en 7a, a supplemental affidavit must be submitted along with a and appropriate filing fee. | tered in separate |
| for the purpose of | changing its registered office | 1 and 620.192, Florida Statutes, the e or registered agent, or both in the ations of section 620.492, Florida St | e State (| of Florida. Such change was aut | nanized or registered under the lews of the State of Florida, submits this sta thorized by its general partner(s). I hereby accept the appointment of regis | atement stered |
| | ed Agent Accepting Appointme | | <u>~</u> | - WOLLE | DATE | 0/ |

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 |
|----------------------------------------|----------------------------------------------------------------------|--------------------------|-----------------------------------|
| Cisneros Capital Group, Inc. f/k/a/ | 330 Dolias Court | Coral Gables, FL 33143 | P00000033796 |
| Cisneros Investment Corp. | | 2000041 -12/03 | /0101066022 |
| Apm - 500.00 | | NT 7001 ***10 | 06.25 ***1026.29 |
| Ave 437.50 | REMSTATEME | 188 | BK |
| ARSUMD 88.75 | | (h,r) | . ** ه برخ |
| wilminn | | \ ' - / | |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

| 1 | 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 in | ndicated |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | on this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath, I further certify that I am a General Partner of the limited partnership, trustee empowered to execute this effort as required by company of the limited statutes. | receiver or |
| s | GNATURE | |
| Тур | d or Printed Name of General Partner Signing Form James Blanchard Cisneros, President Telephone Number (305) 665-0998 | |
| _ | | |

FL072 - 10/18/01 C T System Online