Applied For Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

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· /	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING]	
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LIMITED PARTNERS REINSTATEN	HIP (TMENT OF STAT y of State corporations	Έ	1F11LE 03 NOV -6	D an 8: 01	0	
DOCUMENT # A0000000 807 1. Name of Limited Partnership SEVEN OF FIVE, LIMITED AMARINE'S MARKET STATES AMARICAN STATES AMARY					SECRETARY OF STATE TALLAHASSEE, FLORIDA 500023869645 10/17/0301020002 **626.25			
2. Principal Office Address		3. Mailing Office Address		4.	Date Formed or Registered To Do Business in Florida	5/11/0	00	
YIZ 5 , MILIT Suite, Apt. #, etc.	ALY TRAIL	Suite, Apt. #, etc.	MEY TEAIL		FEI Number 65-1013		Applied For	
City & State DEERFIELD BEACH, FL		City & State DEEDFIELD BEACH, FL		•	CERTIFICATE OF STATUS DESIRED 100			
zip 33442	Country	Zip 33442	Country	7a	Capital Contributions as shown or	Record:		
33442			<u> </u>	^{7b}	 Amount of Capital Contributions in 	FLORIDA to	date:	
Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City BOCA PATON State State Tip Code 73432					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 due. 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.			
for the purpose of char agent. I am familiar with SIGNATURE (Registered Ag	ging its registered office or regist n, and accept the obligations of se ent Accepting Appointment) PARTNER THAT I	ered agent, or both, in the State ection 620, 192. Florida Statutes	O Florida. Such change was	PARTN	registered under the laws of the State by its general partner(s). I hereby accompany to the partner of the part	pt the appointr	nent of registered	
10. Name(s) of G	eneral Partner(s)	Address of Each	General Partner Office Box Numbers)	*******	City, State and Zip Code	10a. _D	Registration ocument Number	
J.B. LAND	on; inc	412.5.ML	ITARY TRAIL	_ <u>⊅</u> ∈	ERFIELD BEACH FL, 33442	P960	000769 76	
					.50002306	or at	_	

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

mation 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 fron-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 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 his report as required by chapter 520, Florida Statutes. I'do hereby certify that he Go porations from try liatr or this annual report is true trustee empowered to elec-

Typed or Printed Name of General Partner Signing Form