2004

2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED **DOCUMENT # A0000001287** 2005 SEP 29 PM 12: 59 REDLAND ESTATE PROPERTIES, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % A&P REGISTERED AGENT, INC.-2450 SW 137TH AVE., SUITE 221 % A&P REGISTERED AGENT, INC. 2450 SW-137TH AVE.; SUITE 221 MIAMI, FL 33175 MIAMI: PL 33175 A & A Registered A & A Registered Agent, Inc. 2. Principal Place of Business <u>Agent, Inc.</u> 3. Mailing Address 4551 Ponce De Leon 4551 Ponce De Suite, Apt. #, etc. Suite, Apt. #, etc. 09262005 REIN-LP CR2E100 (6/04) City & State City & State 4. FEI Number Applied For Coral <u>Gables</u> 65-1039145 oral Gables Not Applicable FL FL Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 33146 USA Fee Required USA 33146 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A & A Registered Agent Street Address (P.O. Box Number is Not Acceptable) 4551 Pance De Leon A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 221 MIAMI, FL 33175 Coral Zip Code 33146 Gables 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 9. Capital Contributions 10. Amount of Capital Contributions \$9,000.00 as Shown on record. in FLORIDA to date 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # P00000078118 STREET ADDRESS Ponce De Leon Blud. NAME REDLAND ESTATE PROPERTIES, INC. STREET ADDRESS 2450 SW 187TH AVE., GUITE 221 CITY-ST-7IP Coral Gables, FL, CITY-ST-ZIP MIAMI EL 23175 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 300060364353 .0/07/05--01055--004 **153.50 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 300060364353 10/07/05--01055--005 **150.00 CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS COY-ST-ZIP CITY-ST-7/P DOCUMENT / STREET ADDRESS NAME

14. I hereby certify that the information supplied with this filling 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 eport as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STAPLE CHECK

D NAME OF SIGNING GENERAL PARTNER

<u>4-26-05</u>

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Daytime Phone #