

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

5001-2002  
**LIMITED  
PARTNERSHIP  
REINSTATEMENT**  
UBR



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

**FILED**

02 AUG -1 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** A00000001958

**1. Name of Limited Partnership**

MARANGES PARTNERS LTD.

**2. Principal Office Address**

2025 N.W. 102nd Ave.

Suite, Apt. #, etc.

111-112

City & State

Miami, Florida

Zip

33172

Country

U.S.A.

**3. Mailing Office Address**

1150 N.W. 72nd Ave.

Suite, Apt. #, etc.

555

City & State

Miami, Florida

Zip

33126

Country

U.S.A.

**4. Date Formed or Registered  
To Do Business in Florida**

12/20/00

**5. FEI Number**

65-1065269

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7a. Capital Contributions as shown on Record:**

250,000

**7b. Amount of Capital Contributions in FLORIDA to date:**

\$2,268,792.00

**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.

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

Name

Lamont & Neiman P.A.

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

2 South Biscayne Blvd.

Suite, Apt. #, Etc.

3550

City

Miami, Florida

State

FL

Zip Code

33131

**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, am familiar with, and accept the obligations of section 620.192, Florida Statutes.**

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**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**

600000115029

Maranges Management Inc.

2025 N.W. 102nd Ave.

Miami, Fl. 33172

600006878596--7

-08/02/02--01053--024

\*\*\*1052.00 \*\*\*1052.00

**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

RAMON MARANGES

DATE

5/25/02

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (11/99)

202

MARANGES PARTNERS LTD.  
1150 N.W. 72nd Ave. #555  
Miami, Fl. 33126

April 1, 2002

Florida Department of State  
Division of Corporations  
Tallahassee, Fl. 32314

Re: Uniform Business  
Report.

Gentlemen:

We are in receipt of your letter dated March 14, 2002  
advising us that our certificate of authority has  
been revoked.

It appears that your Annual Report for the year 2001  
never reached our office. Upon receiving your first  
~~communication this year requesting an additional~~  
check for \$88.75 we promptly sent it to your office.  
Now we found out that our payment for \$526.25 was  
not accepted by your office.

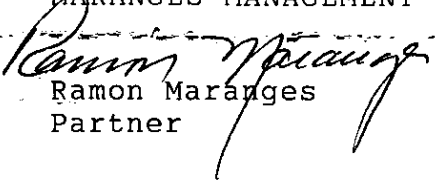
In order to avoid future mailing difficulties, we have  
changed our mailing address to that of our accountant.

We are attaching a check for \$1052.50 and we are asking  
hereby abatement of the \$1000.00 penalty since this is  
the first time we are involved in this kind of situation.

We appreciate very much your assistance in this matter.

Very truly yours,

MARANGES MANAGEMENT LTD

  
Ramon Maranges  
Partner