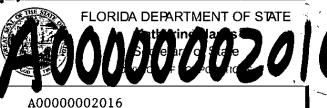
PLEASÉ READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



1	FILED
D 02	MAR 15 PM 3: 41
TALL	AHASSEE FLORIDA

DO	CL	JΜ	E١	١T	#

1. Name of Limited Partnership

MADCAT	PARTNERS	TATTEL

			<u></u>		
2. Principal Office Ad 7700 N. KF	dress ENDALL DR #40	3. Mailing Office		4. Date Formed or Registered To Do Business in Florida	
Suite, Apt. #, etc.	[‡] 408	Suite, Apt. #, etc		5. FEI Number Applied For Not Applicable	
City & State MIAMI, FI	City & State City & State		CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
Zip 33156	Country USA	Zip	Country	7a. Capital Contributions as shown on Record: \$100.00 7b. Amount of Capital Contributions in FLORIDA to date:	
8. Name and Address of Current Registered Agent			7.00,000.		
STEVEN M. PENA, ESQ.			FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered		
Street Address (P.O. Box Number is Not Acceptable) 7700 NORTH KENDALL DRIVE #408				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	
Suite, Apt. #, Etc. #408			with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> Note: If the amount entered in 7b is greater than amount entered in		
City MIAMI State FL 33156			Ta, 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)

Bari Ra-

DATE 10-(6-01

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
Jean Francois Sibrac	2 Grove Isle Apt 1403 Miami,Florida	Miami,F14000051 -03/19/0 BK ***2052	351746 201075006 .50 ***2052.50
MARCIAL SOLIS	2901 S. Bayshore Dr 7-G Miami, Fl.	MENT 2001-20	02

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

Corpora on this.	rations from any liability of non-compliance with Section 119.07(3)(i) in the eve	ed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of vent that the information supplied is deemed exempt from public access. I further certify that the information indicated to legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or tree.
SIGNATU		DATE 1-02-07
Typed or Printer	od Name of General Partner Signing Form	Telephone Number