

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

A-2010

1. Name of Limited Partnership

Design District Associates, Ltd.

2. Principal Office Address

1632 Pennsylvania Ave.

Suite, Apt. #, etc.

2nd Floor

City & State

Miami Beach, FL

Zip

33139

Country

US

3. Mailing Office Address

1632 Pennsylvania Ave.

Suite, Apt. #, etc.

2nd Floor

City & State

Miami Beach, FL

Zip

33139

Country

US

8. Name and Address of Current Registered Agent

Name

Craig Robins

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

1631 Pennsylvania Avenue, 2nd Floor

Suite, Apt. #, Etc.

City

Miami Beach, FL 33139

State

FL

Zip Code

33139

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)

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

Design District Associates Inc. 1632 Pennsylvania Ave. 2nd floor

Miami Beach, FL 33139

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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 included 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

Typed or Printed Name of General Partner Signing Form

Design District Associates Inc

Telephone Number

Vice Pres DATE

10/19/01

CR2E039 (9/01)