

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.

**REINSTATEMENT 2001**

**2. Principal Office Address**

**3. Mailing Office Address**

1632 Pennsylvania Ave.

1632 Pennsylvania Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd Floor

2nd Floor

City & State

City & State

Miami Beach, FL

MIami Beach, FL

Zip

Country

Zip

Country

33139

US

33139

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

State

Zip Code

Miami Beach, FL 33139

FL

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	P00000116688
			7000004659957--0 -10/30/01--01032--010 ***641.25 ***641.25

**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

*Design District Associates Ltd by its General Partner Design District Associates Inc.*  
*Via Pres* DATE *10/19/01*

Typed or Printed Name of General Partner Signing Form

Design District Associates Inc

Telephone Number

CR2E039 (9/01)