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MPPKUY RECOMPLETING THIS FORM! EU 03 NOV 24 AM 9: 05 LIMITED FLÖRIDA DEPARTMENT OF STATE **PARTNERSHIP** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # A0100000191

1. Name of Limited Partnership

REINSTATEMENT

WRR, Ltd.

SIGNATURE (Registered Agent Accepting Appointment)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

11/18/03

MSTATEMENT 2. Principal Office Address 3. Mailing Office Address 4. Date Formed or Registered 2/6/01 To Do Business in Florida 2914 Washington Road same 5. FE! Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 65-1074006 Not Applicable \$8.75 Additional Fee required City & State City & State CERTIFICATE OF STATUS DESIRED ... for a Certificate of Status West Palm Beach, FL 7a. Capital Contributions as shown on Record: 49,500.00 Zip Country Zip Country 33405 USA 7b. Amount of Capital Contributions in FLORIDA to date: 8. Name and Address of Current Registered Agent 49,500.00 Name FEES: Paul A. Krasker, Esq. 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, Street Address (P.O. Box Number is Not Acceptable) for each year due this office. 625 N. Flagler Drive 9th Floor 2.) Supplemental Fee(s); \$88.75 for each year due this office, beginning with 1992 calendar year. Suite, Apt. #, Etc. 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 Zip Code City 7a, a supplemental affidavit must be submitted along with a separate West Palm Beach 33401 FL 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

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	PO±000013577	
	RRW, Inc.	2914 Washington Road	West Palm Beach, FL 33405		
			5000249 8 11/24/03-01084-	10326 126 **935.25	
				SP	
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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 turth	or certify that the information indicated
	on this annual report is true and accurate and that my signature shall have the same legal effects as it made under oath. I further certify that I am a General Partner	of the limited portrovehing received of
	trustee empowered to execute this report as required by chapter 620. Florida Statutes	r or the innited partnership, receiver or
	trustee empowered to execute this report as required by chapter 620, Florida Statutes.	()

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Typed or Printed Name of General Par