

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A01000000634

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



DOCUMENT # **A01000000634**

1. Name of Limited Partnership

R R M Properties, LTD.

500008726685
10/31/02--01053--003 **1026.25

2. Principal Office Address

1300 Brickell Bay Dr.

3. Mailing Office Address

1300 Brickell Bay Dr.

4. Date Formed or Registered To Do Business in Florida

5. FEI Number

65-1101602

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

City & State

Miami FL 3331

City & State

Miami, FL 3331

Zip Country
33131 US.

Zip Country
33131 US.

7a. Capital Contributions as shown on Record:

0, million

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

5 million

8. Name and Address of Current Registered Agent

Name **Atrium Registered Agents Inc**

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Ave. Suite 125

Suite, Apt. #, Etc.

City **Oral Gables FL**

State **FL** Zip Code **33146**

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.

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)

YMM LLC
Yamile Montero
YMM LLC

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1300 Brickell Bay Dr.
1300 Brickell Bay Dr.
1300 Brickell Bay Dr.

City, State and Zip Code

Miami FL 33131
Miami FL 33131
Miami FL 33131

10a. Registration Document Number

20100000
7019

REINSTATEMENT 2002

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

[Signature]
Yamile Montero

DATE **10/24/02**

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E039 (10/02)