

A01000000651

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JUN 26 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000651

1. Name of Limited Partnership  
SAINT GAUDENS LIMITED PARTNERSHIP

REINSTATEMENT 2003-2004

2. Principal Office Address  
9559 HARDING AVENUE  
Suite, Apt. #, etc.  
City & State  
SURFSIDE, FL  
Zip  
33154  
Country  
USA

3. Mailing Office Address  
9559 HARDING AVENUE  
Suite, Apt. #, etc.  
City & State  
SURFSIDE, FL  
Zip  
33154  
Country  
USA

4. Date Formed or Registered  
To Do Business in Florida 05/14/2001

5. FEI Number  
65-1110577  
Applied For  
Not Applicable

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

7a. Capital Contributions as shown on Record: 30,000

7b. Amount of Capital Contributions in FLORIDA to date: 30,000

8. Name and Address of Current Registered Agent  
Name  
LATOUR DANIEL  
Street Address (P.O. Box Number is Not Acceptable)  
9559 HARDING AVENUE  
Suite, Apt. #, Etc.  
City  
SURFSIDE  
State  
FL  
Zip Code  
33154

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) *Latour Daniel* DATE 04/27/04

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
MIAMI EXPERT PARTNERS, INC	9559 HARDING AVENUE	SURFSIDE, FL 33154	P990000070891
		400018560424 05/08/03 01010025 \$210.00 300035257569 05/03/04 01051-026 **1097.50 300035257569 07/09/04 01057-0014 **201.25 400018560424 09/26/03 01019 022 \$88.75 JB	

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 *Latour Daniel* DATE 04/27/04  
Typed or Printed Name of General Partner Signing Form MIAMI EXPERT PARTNERS INC Telephone Number (305) 798-0305

CR2E039 (10/02)