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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 FEB 27 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E039 (11/05)

DOCUMENT # A01000000673

1. Name of Limited Partnership

WESTWOOD ASSOCIATES 2001, LTD.

2. Principal Office Address	3. Mailing Office Address
290-174th St	290-174th St
Suite, Apt. #, etc.: #1510	Suite, Apt. #, etc.: #1510
City & State: Sunny Isles, FL	City & State: Sunny Isles, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

4. Date Formed or Registered To Do Business in Florida: 5/14/01

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $7.[illegible]

8. Name and Address of Current Registered Agent

Name: Nadia S. Edwards, CPA

Street Address (P.O. Box Number is Not Acceptable): 290-174th Street

Suite, Apt. #, Etc.: Suite 1510

City: Sunny Isles State: FL Zip Code: 33160

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $86.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records

9. Pursuant to the provisions of section 620.1610 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
(REGISTERED AGENT MUST SIGN)

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
Amir Harpaz	7596 Key Deer Ct.	Ft. Myers, FL 33912	
Hanna Harpaz	5436 Tice Street	Ft. Myers, FL 33912	

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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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 _____ DATE 2/25/06

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____