

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05  
1,500.00

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 MAR 13 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A01000001014**

1. Name of Limited Partnership

542 Washington Avenue, LTD

2. Principal Office Address - No P.O. Box #

1665 Washington Avenue

Suite, Apt. #, etc.

PH

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida

712512001

5. FEI Number

59-3727981

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mark Hollander

Street Address (P.O. Box Number is Not Acceptable)

11410 N Kendall Drive Suite 207

Suite, Apt. #, Etc.

Ste 207

City

Miami

State

FL

Zip Code

33176

7. FEES:

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

Supplemental Fee(s): \$88.75 for each year due this office.

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

A \$500 penalty is due for each year or part thereof of the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620 1810 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)

*Mark Hollander*

(REGISTERED AGENT MUST SIGN)

DATE

2/15/07

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)

542 Washington Avenue  
Corp.

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

1665 Washington Avenue PH

City, State and Zip Code

Miami Beach, FL  
33139

10a. Registration Document Number

P00000068  
245

600095226696  
03/29/07--01032--010 \*\*1000.00

REINSTATEMENT 05-07

600095226696  
03/29/07--01032--011 \*\*500.00

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

*Lyle Stern*

DATE

2/15/07

Typed or Printed Name of General Partner Signing Form

Lyle Stern

Telephone Number

(305) 532-6100 x992