


2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 26 AM 11:09

DOCUMENT # A01000001283

1. Entity Name
OFFICE 163RD LTD.

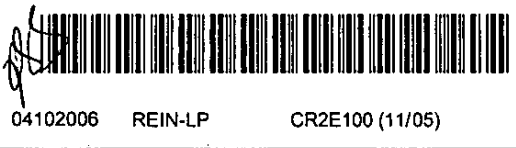


Principal Place of Business
3533 NW 82ND AVE.
MIAMI, FL 33122

Mailing Address
666 71ST STREET
MIAMI BEACH, FL 33141 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
18851 NE 29th Avenue
Suite, Apt. #, etc.
Suite 900



City & State
AVENTURA, FL

Zip
33180

Country
US

4. FEI Number
65-1141047

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALAN, LIPS A
666 71ST STREET
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
Name
MARK E. ROUSSO, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
18851 NE 29th Avenue
Suite 900
City
AVENTURA FL Zip Code
33180

8. 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 *[Signature]* DATE *5/24/06*

Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P02000059341	STREET ADDRESS	
NAME	OFFICE 163RD DEVELOPMENT, INC	CITY-ST-ZIP	500075872445 06/06/06--01015--004 **1000.00
STREET ADDRESS	666 71ST STREET		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 05-06

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *[Signature]* **Louis Baxinger** President & Inc Date *5/24/06* Daytime Phone # *762790000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE