
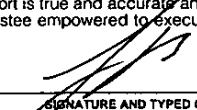


2006 LIMITED PARTNERSHIP REINSTATEMENT

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		City & State AVENTURA, FL	
Zip	Country	Zip	Country
33180	US	33180	US
4. FEI Number 04102006 REIN-LP		CR2E100 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		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	5000 75872445 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	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Date 5/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Louis Baxinger President, Inc		Daytime Phone # 762 290000	

STAPLE CHECK HERE