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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
LIMITED PARTNERS REINSTATEM	HIP	•	TMENT OF STA y of State orporations	I	2 AM IO: 2	
DOCUMENT # A01 00000 1680  1. Name of Limited Partnership  LA VAGULTA Properties, LLLP				-C, FLURIDA		
2. Principal Office Address 3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida			
401 Highele 1 Suite, Apt. #, etc. 408	The PEG.	Suite, Apt. #, etc. 403		5. FEI Number	Applied For Not Applicable	
City & State  COROL Gables,	ate City & State		CERTIFICATE OF STATUS DES	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
zip - 33134	-Country USA	zip- 33134	Country USA	\$1,000.00	7a. Capital Contributions as shown on Record:  \$\int_1,000.\frac{\sigma_2}{\sigma}\$  7b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, Etc.				1.) Filing Fee(s): Computed at a r in 7b, with a minimum filing fee for each year due this office. 2.) Supplemental Fee(s): \$88.75 with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty to Note: If the amount entered in 7a, a supplemental affidavit m and appropriate filing fee.  Discognized or registered under the laws of the laws authorized by its general partner(s). I here	2.) Supplemental Fee(s): \$98.75 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.  Ized or registered under the laws of the State of Florida, submits this statement orized by its general partner(s). I hereby accept the appointment of registered  DATE  DATE	
	MUST General Partner(s)	BE REGISTERE Address of Each	D AND ACTIV  General Partner	E WITH THIS OFFICE.  City, State and Zip Code	10a Registration	
LO100002199 Sugar Hold YOI Mirrocle Lorral Gables,	injs, L.Z. H.le, suite 408 FL 33134			80000: 11/15/0201		
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 (19.07(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  DATE  DATE  Telephone Number  Telephone Number						
Typed or Printed Name of General Partner Signing Form J. P. BARED, SUSA HOLDINGS, L.C. Telephone Number						