

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 DEC -9 AM 10: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000057

1. Name of Limited Partnership
YOKOYAMA LIMITED PARTNERSHIP

2. Principal Office Address 97 VELMA DR		3. Mailing Office Address		4. Date Formed or Registered To Do Business in Florida 1/15/2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-3619088	
City & State LARGO, FLORIDA		City & State		Applied For Not Applicable	
Zip 33770	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
DIANE SHEA WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)
1802 W CLEVELAND ST.

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33606

7a. Capital Contributions as shown on Record:
\$4.00

7b. Amount of Capital Contributions in FLORIDA to date:

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 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.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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
TED Yokoyama	97 VELMA DR Largo FL 33770		

REINSTATEMENT OH

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12/23/04--01033--003 **641.25

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 119.07(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 *Ted Yokoyama* DATE 12-01-04

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

CR2E039 (11/02)