## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		TE	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  05 OCT 11 AM 8: 42		
DOGUMENT # A0200000533  1. Name of Limited Partnership  THE PRIETO REAL ESTATE  LIMITED PARTNERSHIP #1					CR2E039		
3095 N.E. 42nd Street		3. Mailing Office Address 3095 N.E42nd Dtreet Suite, Apt. #, etc.			4. Date Formed or Registered To Do Business in Florida April 8, 2002  5. FEI Number Applied For Not Applicable		
Fort Lauderdale, FL		City & State  Fort Lauderdale, FL  Zip Country  33308 USA			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status  7a. Capital Contributions as shown on Record: \$5,000.00		
8. Name and Address of Current Registered Agent Name				7b. Amount of Capital Contributions in FLORIDA to date: \$5,000.00  FEES:			
Street Address (P.O. Box	S. Wachs, Esq (Number is Not Acceptable) E. 3rd Avenue				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 due.  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 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				/E W	City, State and Zip Code	10a Registration	
Octavio-E. Prieto		(Do NOT Use Post Office Box Numbers)		For		Document Number	
Lynne M. Prieto		3095 N.E. 42nd Street			t Lauderdale, FL 33308		
					ENSTATEME 20006091 10727/05-01045-	NT 03-05	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 520. Florida Statutes.  SIGNATURE  DATE  OATE  Telephone Number  Telephone Number  Telephone Number							
Typed or Printed Name of G	eneral Partner Signing Form	JIVIVE M	FRIE		Telephone Number	17 -266 6720	