

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A02000000593

1. Entity Name
KIMMEL LIMITED PARTNERSHIP



FILED

08 NOV -4 PH 3:00

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O KAUFMAN ROSSIN & CO//ATTN:G. MICHELSON C/O KAUFMAN ROSSIN & CO//ATTN:G. MICHELSON
2699 SOUTH BAYSHORE DRIVE, SUITE 500 2699 SOUTH BAYSHORE DRIVE, SUITE 500
COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



10272008 REIN-LP CR2E100 (1/07)

4. FEI Number Applied For
01-0671158 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHELSON, GERALD
C/O KAUFMAN ROSSIN & CO.
2699 SOUTH BAYSHORE DRIVE, SUITE 500
COCONUT GROVE, FL 33133

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$500.00
After January 1, 2009, Fee will be \$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 #	G02108900174	STREET ADDRESS	
NAME	KIMMEL GENERAL PARTNER TRUST	CITY-ST-ZIP	900137738919
STREET ADDRESS	2699 SOUTH BAYSHORE DRIVE, SUITE 500		11/07/08 01026 003 **500.00
CITY-ST-ZIP	COCONUT GROVE, FL 33133	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
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CITY-ST-ZIP		STREET ADDRESS	

REINSTATEMENT w/o Penalty 2008
up 11/5

STAPLE CHECK HERE

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: 10/29/08 Daytime Phone #: 406-995-4562