

2009 LIMITED PARTNERSHIP REINSTATEMENT

FILED
Dec 10, 2009
Secretary of State

DOCUMENT# A02000000593

Entity Name: KIMMEL LIMITED PARTNERSHIP

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 01-0671158 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

GENERAL PARTNER INFORMATION:

Document #: G08120900365
Name: KIMMEL GENERAL PARTNER TRUST
Address: 2699 SOUTH BAYSHORE DRIVE, SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD MICHELSON

_____ Electronic Signature of Signing General Partner

12/10/2009

_____ Date