

2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A02000000740

1. Entity Name
EL RANCHO VERDE #3, LTD.



Principal Place of Business
102 N. SWINTON AVE.
DELRAY BEACH, FL 33444

Mailing Address
300 S. PINE ISLAND RD. #110
PLANTATION, FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004 REIN-LP

CR2E100 (6/04)

4. FEI Number
95-2623156

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCHER, STEVEN P
EXECUTIVE MANAGEMENT & LEASING, INC.
300 S. PINE ISLAND RD #110
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

DOCUMENT # F02000002366
NAME JENNIE TOO, INC.
STREET ADDRESS 1359 BROADWAY, ROOM 520
CITY-ST-ZIP NEW YORK, NY 10018

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300043131253
12/02/04--01048--021 **641.25

REINSTATEMENT 2004

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

11-1-04 212 563-1333

STAPLE CHECK HERE

FILED
2004 NOV -4 PM 2:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

