

# 2006 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:12

DOCUMENT # A02000001423

1. Entity Name  
RER FAMILY PARTNERSHIP, LTD



Principal Place of Business  
3225 AVIATION AVENUE, SUITE 700  
COCONUT GROVE, FL 33133

Mailing Address  
3225 AVIATION AVENUE, SUITE 700  
COCONUT GROVE, FL 33133

2. Principal Place of Business  
3250 Mary St.  
Suite, Apt. #, etc.  
500

3. Mailing Address  
3250 Mary St.  
Suite, Apt. #, etc.  
500

09192006 REIN-LP CR2E100 (11/05)

4. FEI Number  
04-3718725

Applied For  
Not Applicable

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

City & State  
Coconut Grove  
Zip FL Country USA

City & State  
Coconut Grove  
Zip FL Country USA

## 6. Name and Address of Current Registered Agent

RER FAMILY, LLC  
3250 MARY STREET, STE 500  
COCONUT GROVE, FL 33133

## 7. Name and Address of New Registered Agent

Name Matthew Rieger, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
3250 Mary Street, # 500  
City Coconut Grove FL Zip Code 33133

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

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

9/19/06

DATE

FILE NOW!!! FEE IS \$500.00

After January 1, 2007, 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

DOCUMENT # L02000028159  
NAME RER FAMILY, LLC  
STREET ADDRESS 3250 MARY STREET, STE 500  
CITY-ST-ZIP COCONUT GROVE, FL 33133

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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DOCUMENT #  
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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
600080645316  
10/10/06--01006--009 \*\*\$500.00

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/19/06

Date

305 860 8188

Daytime Phone #

STAPLE CHECK HERE