

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A02000001597

1. Name of Limited Partnership
L.A. Investment Fund, Ltd.

2. Principal Office Address
1355 West Palmetto Park Road

3. Mailing Office Address
Same

Suite, Apt. #, etc.
#260

Suite, Apt. #, etc.

City & State
Boca Raton, FL

City & State

Zip
33486

Country
USA

Zip

Country

4. Date Formed or Registered
To Do Business in Florida
12/04/2002

5. FEI Number
161688650

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

CR2E039 (11/05)

4/3

8. Name and Address of Current Registered Agent

Name
Jeffrey D. Kune

Street Address (P.O. Box Number is Not Acceptable)
1355 West Palmetto Park Road

Suite, Apt. #, Etc.
#260

City
Boca Raton

State
FL

Zip Code
33486

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records

9. 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 (Registered Agent Accepting Appointment) _____ DATE _____
(REGISTERED AGENT MUST SIGN)

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
DMG Capital/Midway Park Properties, LLC	1355 West Palmetto Park Road, #260	Boca Raton, FL 33486	L02000031727

REINSTATEMENT 2004-2005
2006

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 620, Florida Statutes.

SIGNATURE _____

DATE 2/3/06

Typed or Printed Name of General Partner Signing Form Jeffrey D. Kune

Telephone Number 561 350 4344