R' LT FREE MAT GETS C PLEASE READ FLORIDA DEPARTMENT OF STATE

	LIMITED
	PARTNERSHIP
F	REINSTATEMENT



Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	A02000001597
DOCCIVILIA 1 17	

1. Name of Limited Partnership

L. A. Investment Fund, L

	NA.
- · / ·	V960025390265
13	12/10/0301044021 **1026.2
, ,	

03 DEC -4 PM 5 20

		9)	20/13	12/10/0301044021	**1026.25		
2. Principal Office A	ddress Linato?k.R.l.	3. Mailing Office Abdress (Same) Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida 12/04/2002			
Suite, Apt. #, etc.	•			5. FEI Number /6 - 1688650	Applied For Not Applicable		
City & State Boca Raton , Fr.		City & State		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requir for a Certificate of Status			
Zip 33486	Country US A	Zip	Country	7a. Capital Contributions as shown on Record 2, 50,000.			
-	8. Name and Address	of Current Registered A	gent	\$ 250,000	ibA to date.		
Name JEFRAY D. KUNE Street Address (P.O. Box Number is Not Acceptable) 1355 W. Falme Ho Fark RR				FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.			
							Suite, Apt. #, Etc.
City Book Ra	Š n	State	Zip Code	 Note: If the amount entered in 7b is greater for 7a, a supplemental affidavit must be submitted and appropriate filing fee. 			

Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Registration Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10. Name(s) of General Partner(s) City, State and Zip Code Document Number DAG CAPITAL/ 1355 West Palmeto L0200031727 Boca Raton fr Park Rd # 260 MI DWAY PARK PROPERTIES, 33488 50**0**025890265 PENSTATEMENT

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 w	ith this filing is voluntarily	y furnished and does not	qualify for the exem-	ption stated in Section	119.07(3)(i), Florida	Statutes. I release t	he Division of
		any liability of non-compliance							
		ort is true and accurate and tha			es if made under oat	h. I further certify that I	l am a General Partne	er of the limited part	inership, receiver or
	trustee empowered	d to execute this report as requ	ired y chapter 620, Flor	rida Statutes.					
			//						
		ومستقيمت	h					/ /	
SIG	NATURE _	<i>SETT 1</i>					DATE	12/1/0	5

Telephone Number 561 762-8262 JEFFREY D. KNNE Typed or Printed Name of General Partner agning Form