

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -8 AM 9:06

DOCUMENT # **A02018**

1. Name of Limited Partnership

Warehouse Associates, Limited

2. Principal Office Address
19333 W. Country Club Drive

3. Mailing Office Address
19333 W. Country Club Drive

Suite, Apt. #, etc.
1922

Suite, Apt. #, etc.
1922

City & State
Aventura, Florida

City & State
Aventura, Florida

Zip Country
33180 USA

Zip Country
33180 USA

4. Date Formed or Registered To Do Business in Florida **MAY 26, 1972**

5. FEI Number
591475188

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

Name
Monroe Cooperman

Street Address (P.O. Box Number is Not Acceptable)
19333 W. Country Club Drive

Suite, Apt. #, Etc.
1922

City State Zip Code
Aventura FL 33180

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) *Monroe Cooperman*

(REGISTERED AGENT MUST SIGN)

DATE **1/31/06**

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
Monroe Cooperman	19333 W. Country Club Drive, 1922	Aventura, Florida 33180	

REINSTATEMENT 05-06

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

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 *Monroe Cooperman*

DATE **1/31/06**

Typed or Printed Name of General Partner Signing Form **Monroe Cooperman**

Telephone Number **305-466-1593**

WAREHOUSE ASSOCIATES LIMITED

19333 W. Country Club Drive
#1922
Aventura, Florida 33180
Telephone: (305) 466-1593

January 31, 2006

Partnership Section
Secretary of State
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: Warehouse Associates, Limited
Document # A02018**

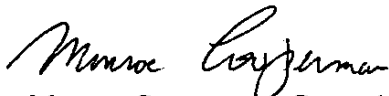
Ladies and Gentlemen:

Enclosed is the Limited Partnership Reinstatement application form completed for the reinstatement of Warehouse Associates, Limited, executed by the undersigned as general partner, and a check in the amount of \$1,008.75 to cover payment of the fees for reinstatement and the furnishing of a Certificate of Status.

The Annual Report form for 2005 for the limited partnership was not received and the amount of the enclosed check is calculated accordingly, in accordance with instruction received by telephone from your office.

If anything further is required, please call the undersigned at the telephone number shown on the above letterhead or Joseph B. Reisman at toll free number 877-291-5959

Very truly yours,



Monroe Cooperman, General Partner

Enclosures