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PLEAS READ  IN TE  PARTNERSHIP  REINSTATEMENT	LORI AJ EPA Secreta	IN OF STATE CORPORATIONS	AT	OMPLETING THIS FOR SION OF CORPORATION OF CORPORATI		
DOCUMENT # A0300000000  1. Name of Limited Partnership  MNAYMNEH FAMILY LIMITED I			0	B DEC 11 min		
REINSTATEMENT 2003			i	7000254 12/11/03-01019	<b>17077</b> 012 **1026.25	
2. Principal Office Address	3. Mailing Office Addr	3. Mailing Office Address		4. Date Formed or Registered		
1001 Brickell Bay Drive	1001 Brickel	1001 Brickell Bay Drive		To Do Business in Florida	12/30/02	
Suite, Apt. #, etc.	Suite, Apt, #, etc.			5. FEI Number	Applied For	
27th Floor	27th Floor	27th Floor		16-1647221 6.	Not Applicable	
City & State	City & State			CERTIFICATE OF STATUS DESIRED	- tor a Certificate of Status	
Miami, Florida	Miami, Flori	<del></del>		7a. Capital Contributions as shown	on Record:	
Zip Country	Zip	Country		\$1,900,000		
33131	33131	<u> </u>		7b. Amount of Capital Contributions	in FLORIDA to date:	
8. Name and Address of Name	of Current Registered Age	ent		\$1,900,000		
LESLIE ALAN ROZENCWAIG, P.A	١.			FEE  1.) Filing Fee(s); Computed at a rate of		
Street Address (P.O. Box Number is Not Acceptable)		<del></del>		in 7b, with a minimum filing fee of \$ for each year due this office.	52.50 and a maximum of \$437.50,	
1 S.E. 3rd Avenue				Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.		
Suite, Apt. #, Etc. Stilte 960				3.) Penalty Fee(s): \$500 penalty fee for	each year report form is delinquent.	
City	State	Zip Code		Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate		
Miami	FL	33131		and appropriate filing fee.	· · · · · · · · · · · · · · · · · · ·	
9. 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). 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.						
10. Name(s) of General Partner(s)		h General Partner Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number	
<del></del>				L02000033634		
I						
HEINSTATEME	200	3				
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 exemption stated in Section 119.07(3)(i), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Main / DATE 11/20/03						
Typed or Printed Name of General Partner Signing Form SAMZ MNAYMNEH, Managing Member of General Partner SAMZ MNAYMNEH, Managing Member Mana						