

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 25 PM 12:18

DOCUMENT # A03000000001

1. Entity Name  
MNAYMNEH FAMILY LIMITED PARTNERSHIP



Principal Place of Business  
1001 BRICKELL BAY DR., 27TH FLOOR  
MIAMI, FL 33131

Mailing Address  
1001 BRICKELL BAY DR., 27TH FLOOR  
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005 REIN-LP CR2E100 (6/04)

4. FEI Number  
16-1647221

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LESLIE ALAN ROZENCWAIG, P.A.  
ONE S.E. THIRD AVE., STE. 960  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name  
ROZENCWAIG & FERRERO - CARR  
Street Address (P.O. Box Number is Not Acceptable)  
301 W. HALLANDALE BEACH BLVD.  
City  
HALLANDALE BEACH FL Zip Code  
33009

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

RUSARIO FERRERO-CARR

DATE

9. Capital Contributions as Shown on record. \$1,900,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # L02000033634  
NAME MNAYMNEH FAMILY HOLDINGS, L.C.  
STREET ADDRESS 1001 BRICKELL BAY DR., 27TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT 04-05

500047981095  
03/09/05--01004--009 \*\*2052.50

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

STAPLE CHECK HERE