

# 2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED

2004 NOV 12 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000708

1. Entity Name  
222 BUILDING, LTD.



Principal Place of Business  
107 SARTO AVENUE  
CORAL GABLES, FL 33134

Mailing Address  
P.O. BOX 331056  
COCONUT GROVE, FL 33233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012004 REIN-LP CR2E100 (6/04)

4. FEI Number  
55-0831536

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MARTINI, GREGORY T  
2655 LE JEUNE ROAD, SUITE 1101  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

9. Capital Contributions  
as Shown on record. \$115,500.00

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 # L03000010002  
NAME ACREI, LLC  
STREET ADDRESS 107 SARTO AVENUE  
CITY-ST-ZIP CORAL GABLES, FL 33134

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS PO Box 331070  
CITY-ST-ZIP Miami, FL 33233

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
200043312432  
12/09/04--01071--011 \*\*1026.25

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STREET ADDRESS  
CITY-ST-ZIP

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: X *Constantine Scuztis*

Constantine Scuztis

11/8/04

305-446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE