

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 8:18

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A03000001447

1. Name of Limited Partnership

The Lewin V. Family Limited Partnership LLLP

2. Principal Office Address

6425 S.W. 110th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33156

Country

miami-Dade

Zip

Country

8. Name and Address of Current Registered Agent

Name

Alan Lewin

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

6425 S.W. 110th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33156

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) X

Alan A. Lewin

(REGISTERED AGENT MUST SIGN)

DATE X 4/3/06

**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)

Lewin Family  
General Partner, LLC

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

6425 S.W. 110th St.

City, State and Zip Code

Miami, FL 33156

10a. Registration  
Document Number

L03000036120

REINSTATEMENT 04-06

**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 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 X

Alan A. Lewin

DATE X 4/3/06

Typed or Printed Name of General Partner Signing Form

Alan Lewin

Telephone Number 305-667-9688