

2004 LIMITED PARTNERSHIP REINSTATEMENT

FILED
2004 DEC -2 PM 3:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DOCUMENT # A0300001800
1. Entity Name
CATALINA FAMILY LIMITED PARTNERSHIP

Principal Place of Business Mailing Address
1509 N. MILITARY TRAIL, SUITE 216 1509 N. MILITARY TRAIL, SUITE 216
WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

10192004 REIN-LP CR2E100 (6/04)
4. FEI Number 20-1642889 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
-DESANTIS, GASKILL, SMITH & SHENKMAN, P.A.
ATTN: ROBERT HACKNEY, ESQUIRE
11891 U.S. HIGHWAY ONE, Suite 100
NORTH PALM BEACH, FL 33408

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 admits 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 *Robert C. Hackney* Robert C. Hackney DATE 10/19/04

9. Capital Contributions as Shown on record. \$100.00
10. Amount of Capital Contributions in FLORIDA to date. \$100.00
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000028930	STREET ADDRESS	
NAME	CATALINA FAMILY PARTNERS, INC.	CITY-ST-ZIP	
STREET ADDRESS	1509 N. MILITARY TRIAL, SUITE 216		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000043614990
NAME		CITY-ST-ZIP	12/23/04--01033--012 **52.50
STREET ADDRESS			000043614990
CITY-ST-ZIP			12/23/04--01033--012 **88.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 2004
w/o penalty fees

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: *Albert Boyd Jr.* Albert Boyd Jr., President DATE 10/20/04 (561) 355-2771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE