# 2006 LIMITED PARTNERSHIP REINSTATEMENT

## DOCUMENT # A04000001520

**1. Entity Name**
GASSENHEIMER INVESTMENTS, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 AVENTURA, FL 33150 | 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 AVENTURA, FL 33150 |

03242006    REIN-LP        CR2E100 (11/05)

| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number 20.1787055 | Applied For / Not Applicable |
|---|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State | City & State | | |
| Zip | Country | Zip | Country | | |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GASSENHEIMER, ALLAN 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 AVENTURA, FL 33150 | Name <br> Street Address (P.O. Box Number is Not Acceptable) <br> City — FL — Zip Code |

**8.** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)    DATE

**FILE NOW!!!  FEE IS $2000.00**

### 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 # <br> NAME GASSENHEIMER, JOYCE <br> STREET ADDRESS 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 <br> CITY-ST-ZIP AVENTURA, FL 33150 | STREET ADDRESS <br> CITY-ST-ZIP |
| DOCUMENT # <br> NAME GASSENHEIMER, ALLAN <br> STREET ADDRESS 19333 WEST COUNTRY CLUB DRIVE, APT. 1207 <br> CITY-ST-ZIP AVENTURA, FL 33150 | STREET ADDRESS <br> CITY-ST-ZIP |
| DOCUMENT # <br> NAME <br> STREET ADDRESS <br> CITY-ST-ZIP | STREET ADDRESS   REINSTATEMENT 05-06 <br> CITY-ST-ZIP |
| DOCUMENT # <br> NAME <br> STREET ADDRESS <br> CITY-ST-ZIP | STREET ADDRESS <br> CITY-ST-ZIP |
| DOCUMENT # <br> NAME <br> STREET ADDRESS <br> CITY-ST-ZIP | STREET ADDRESS  000074614940 <br> CITY-ST-ZIP  05/15/06--01008--013   **2000.00 |
| DOCUMENT # <br> NAME <br> STREET ADDRESS <br> CITY-ST-ZIP | STREET ADDRESS <br> CITY-ST-ZIP |

**14.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Allan Gassenheimer_   4-9-06   305-933-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #

STAPLE