

# 2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A05000000060

1. Entity Name  
EJS REAL ESTATE GROUP, LTD.



Principal Place of Business  
4081 EAST LAKE ESTATES DRIVE  
DAVIE, FL 33131

Mailing Address  
4081 EAST LAKE ESTATES DRIVE  
DAVIE, FL 33328

07 OCT -3 1011:47  
RECEIVED STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
4081 East Lake Estates Drive

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
DAVIE, Florida

City & State

Zip  
33328

Country  
USA

Zip

Country

10022007 REIN-LP CR2E100 (1/07)

4. FEI Number  
20-2127973

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LOYD, ELLEN  
4081 EAST LAKE ESTATES DRIVE  
DAVIE, FL 33328

## 7. Name and Address of New Registered Agent

Name Jay Koenigsberg  
Street Address (P.O. Box Number is Not Acceptable)  
1200 Brickell Avenue  
Suite 1900  
City MIAMI FL Zip Code 33131

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]*  
Signature, typed or printed name of registered agent and date if applicable. (REGISTERED AGENT MUST SIGN)

DATE  
10/2/07

FILE NOW!!! FEE IS \$500.00  
After January 1, 2008, Fee will be \$1000.00

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

DOCUMENT # P05000000862  
NAME EJS REAL ESTATE MANAGEMENT, INC.  
STREET ADDRESS 4081 EAST LAKE ESTATES DRIVE  
CITY-ST-ZIP DAVIE, FL 33328

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP 200110233952  
10/03/07--01034--018 \*\*1000.00

REINSTATEMENT 07

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

10/2/07 305373 3232

STAPLE CHECK HERE