

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2007 OCT 23 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/07)

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A05000000330

1. Name of Limited Partnership
MCCURDY CENTER, LTD.

2. Principal Office Address - No P.O. Box # 300 N.W. 12TH AVENUE		3. Mailing Office Address 300 N.W. 12TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33128	Country USA	Zip 33128	Country USA

4. Date Formed or Registered To Do Business in Florida **02/11/2005**

5. FEI Number 20-2332064	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Joseph Glucksman

Street Address (P.O. Box Number is Not Acceptable)
534 DATURA STREET, SUITE 420

Suite, Apt. #, Etc.

City
WEST PALM BEACH

State
FL

Zip Code
33401

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.
Supplemental Fee(s): \$88.75 for each year due this office.
Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

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) Joseph Glucksman DATE 10/17/07
(REGISTERED AGENT MUST SIGN)

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)	Address of Each General Partner (Do NOT use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
GMN-MCCURDY, INC.	300 N.W. 12TH AVENUE	MIAMI, FLORIDA 33128	P05000022847
MCCURDY CENTER GP, INC.	534 DATURA STREET, SUITE 420	WEST PALM BEACH, FLORIDA 33401	P05000022851

REINSTATEMENT 07

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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 Joseph Glucksman DATE 10/17/07
Typed or Printed Name of General Partner Signing Form Joseph Glucksman, President of McCurdy Center GP, Inc Telephone Number _____