

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 07 FEB -5 PM 4:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # A05000000976
1. Name of Limited Partnership
 SAVOY HOTEL PARTNERS I, LTD.

2. Principal Office Address - No P.O. Box # 455 OCEAN DRIVE		3. Mailing Office Address C/O KDC, 201 S. BISCAYNE BLVD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33139	Country USA	Zip 33131	Country USA

BK

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida MAY 16, 2005
5. FEI Number 87-0772960 **Applied For** Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
 CORPORATION COMPANY OF MIAMI
Street Address (P.O. Box Number is Not Acceptable)
 201 S. BISCAYNE BOULEVARD
Suite, Apt. #, etc.
 SUITE 1500
City MIAMI **State** FL **Zip Code** 33131

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 A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 620.1900, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.
CORPORATION COMPANY OF MIAMI
SIGNATURE (Registered Agent Accepting Appointment) *Raul J. Salas* **RAUL J. SALAS, VICE PRESIDENT** DATE 2-1-07
(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
SAVOY CORPORATE MANAGEMENT, INC.	455 OCEAN DRIVE	MIAMI BEACH, FL 33139	P05000071026

REINSTATEMENT 2006-2007

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02/08/07--01037--021 **2000.00

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 *Abraham Werjuka* **DATE** 18/1/07
ABRAHAM WERJUKA, PRESIDENT
Typed or Printed Name of General Partner Signing Form Telephone Number