

**2010 LIMITED PARTNERSHIP REINSTATEMENT**

**FILED  
Mar 01, 2010  
Secretary of State**

DOCUMENT# A05000002211

**Entity Name:** MALKA B. PORGES FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

435 CENTER ISLAND DR  
GOLDEN BEACH, FL 331602220

**New Principal Place of Business:**

**Current Mailing Address:**

435 CENTER ISLAND DR  
GOLDEN BEACH, FL 331602220

**New Mailing Address:**

**FEI Number:** 20-5298384      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WOLFE, RICHARD C ESQ.  
100 S.E. SECOND STREET, SUITE 3300  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: P05000148510  
Name: PORGES MANAGEMENT, INC.  
Address: 435 CENTER ISLAND DR  
City-St-Zip: GOLDEN BEACH, FL 331602220

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MALKA PORGES

\_\_\_\_\_ Electronic Signature of Signing General Partner

DIR

03/01/2010

\_\_\_\_\_ Date