PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000-2002	
PARTNERSHIP	
REINSTATEMENT	



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE BIVISION OF CORPORATIONS

02 DEC 30 PM 6: 44

DOCUMENT # A06390

 Name of Limited Partnership Hollywood Financial Plaza, Ltd.

300009676683 12/24/02--01061--005 **476.25

	_{dress} c/oAlan L. Si lagler Drive		11man 3. Mailing Office Address 777 South Flagler Drive			4. Date Formed or Registered To Do Business in Florida 03/17/1978					
Suite, Apt. #, etc. Suite 1200 - East Tower		Suite, Apt. #, etc. Suite 1200 - East Tower			5. FEI Num 59–13			<u> </u>	F	Applied For	
City & State West Palm Be	each. FL	City & State West Palm Beach, FL			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status						
Zip	Country	Zip Country			7a. Capital Contributions as shown on Record:						
33401	USA	33401	USA	•					\$10,	,000.00	
8. Name and Address of Current Registered Agent						7b. Amount of Capital Contributions in FLORIDA to date: \$10,000.00					
Alan L. Shulman Street Address (P.O. Box Number is Not Acceptable) 777 South Flagler Drive Suite, Apt. #, Etc. Suite 1200 - East Tower City West Palm Beach State FL State FL State Florida Statutes, the above-named limited partnership orgator the purpose of changing its registered office or registered agent, I am familiar with, and accept the obligations of sections 620.105 1 and 620.105 Policia Statutes.					FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.						
SIGNATURE (Registered Ac	gent Accepting Appointment)	A	TION, LIMITED	PAR	TNERSHI	IP OR OTH	ATE	12/20	112	,	
10. Name(s) of			Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code			10a.		gistration nent Number	
Alan L. Shulman		377 North Lake Way		Pa1	m Beach,	FL 3348	0				
	·		lut, 31	}		OO FF OA FF		58.	75		
	partners MAY NOT					e filed to c	hang	e a ger	neral	partner.	
	hat the information supplied with t							-	-		

11. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 any material 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 regulated by chapter ozd. From a Statutes.

Typed or Printed Name of General Partner Signing Form

SIGNATURE

ALAN L. SHULMON

_ Telephone Number _

_ 12120100

260

ALAN L. SHULMAN
777 SOUTH FLAGLER DRIVE
SUITE 1200 - EAST TOWER
WEST PALM BEACH, FL 33401

TELEPHONE (561) 820-9446 FACSIMILE (561) 835-0462

12/20/02

DIVISION OF CORPORATIONS

PAITMERSHIP SECTIONS

P.O. BOX 6327

Tallahasee, Fl. 32314

RE: Helly wood FINANCIOLPLAZO LTD.

DOCUMENT # A06390

Gentle Men:

Enclored please find REINTATEMENT

Form For above captioned Limited Parthership

together with exect interamount of \$476.21

together with exect interamount of \$476.21

representing the required feel for 3 years.

Phease he advised that we

never received any notice

Thatking you for your cooperations
In this matter, I remain, Sincerety,

Alanh. SHULMAN