

FROM :

FAX NO. :

Oct. 18 2000 08:13AM P5

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 AM 9:02

2000 LIMITED PARTNERSHIP REINSTATEMENT <i>Uniform Bus. Rpt.</i>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A07711			
1. Name of Limited Partnership SECURITY PARTNERS LTD.			
2. Principal Office Address 6000 NW 77 CT Suite, Apt. #, etc.		3. Mailing Office Address 6000 NW 77 CT Suite, Apt. #, etc.	
City & State Miami, FL Zip 33166 Country USA		City & State Miami, FL Zip 33166 Country USA	
4. Date Formed or Registered To Do Business in Florida			
5. FEI Number 59-1934242		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7a. Capital Contributions as shown on Record: \$250,000.00			
7b. Amount of Capital Contributions in FLORIDA to date:			
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.			
8. Name and Address of Current Registered Agent Name: Sarah C. De Maria Street Address (P.O. Box Number is Not Acceptable): 6000 NW 77 CT Suite, Apt. #, Etc.: City: Miami State: FL Zip Code: 33166			
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE 10-18-2000			
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. Registered Office
Sarah C. De Maria	6000 NW 77 CT	Miami, FL 33166	A07711
300003479909--9 -11/29/00--01058--012 ****526.25 ****526.25			
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 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 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 DATE 10-18-2000 Typed or Printed Name of General Partner Signing Form Telephone Number 305-592-3800			

CR2009 11/09/01

SECURITY PARTNERS, LTD

6010 NW 77 CT
Miami, Florida 33166

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October 18, 2000

Florida Dept of State
Attn: Brenda

RE: Reinstatement of Security Partners LTD.
Doc# A07711

To whom it may concern:

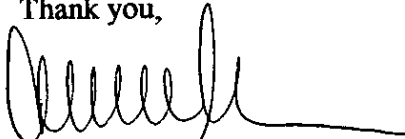
Enclosed please find a copy of my original Renewal application for the 2000 Annual Report and a check for the amount of \$526.25 to reinstate our Limited Partnership.

Apparently, my first application and check was lost in the mail and you never received it.

Please send me a Certificate of Goodstanding to: 6000 NW 77 CT, Miami, FL 33166

If you have any questions, please feel free to call me (305) 592-3800 ext 212

Thank you,



Christine Galceran