

**A 11910**



FLORIDA DEPARTMENT OF STATE  
 John H. Morris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 09 MAY 12 PM 2:58

APPLICATION FOR  
 REINSTATEMENT  
 FOR  
 LIMITED PARTNERSHIP

DOCUMENT # **A11910**  
 1. Name of Limited Partnership

**Black Community Investors Ltd.**

DO NOT WRITE IN THIS SPACE

2. Mailing Address <b>9390 NW 27Th Ave.</b>		3. Principal Office Address <b>Same</b>		4. Date Formed or Registered To Do Business in Florida <b>12-28-81</b>	
Suite, Apt #, etc		Suite, Apt #, etc		5. FEI Number <b>NOT APPLICABLE</b>	
City & State <b>Miami, Fl.</b>		City & State <b>Same</b>		Applied For Not Applicable	
Zip <b>33147</b>	Country <b>Dade</b>	Zip <b>Same</b>	Country <b>Same</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$875 Additional Fee required for a Certificate of Status</b>	
7. State or Country of Formation					

8a. Capital Contributions as Shown on Record <b>\$65,000.00</b>	<b>FEES:</b> 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fees: \$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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date	

9. Name and Address of Current Registered Agent  <b>Tommy Bruton</b> <b>11298 NW 21 Court</b> <b>Miami, Fl. 33167</b>	10. If changed, new registered agent/office: Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City <b>FL</b> Zip Code
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10a. 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 \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s) <b>Seven Steps Inc.</b>	Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>9390 N.W. 27 Ave.</b>	City, State and Zip Code <b>Miami, Fl.</b>	11a. Registration Document Number <b>700002883437--5</b> <b>-05/24/99--01009--020</b> <b>***1026.25 ***1026.25</b>
			<b>REINSTATEMENT</b> <i>99</i>

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 *Tommy Bruton*  
 Typed or Printed Name of General Partner Signing Form **Tommy Bruton**  
 DATE **April 24, 1999**  
 Telephone Number **(305) 638-4255**

CR2E039 (1/2/98)