

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 MAY -7 AM '03		22 5/7	
DOCUMENT # A 16845							
1. Name of Limited Partnership Brahma Realty, Ltd.							
2. Principal Office Address 22255 Center Ridge Rd. Suite, Apt. #, etc.		3. Mailing Office Address 22255 Center Ridge Rd. Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida April 18, 1984		5. FEI Number 34-1434001 Applied For Not Applicable	
City & State Rocky River, OH		City & State Rocky River, OH		6. CERTIFICATE OF STATUS DESIRED ☒ See Additional Fee Requirement for a Certificate of Status			
Zip Country 44116 U.S.A.		Zip Country 44116 U.S.A.		7a. Capital Contributions as shown on Record: \$100,000 \$160,000			
7b. Amount of Capital Contributions in FLORIDA to date: \$100,000				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 \$457.50, 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 record 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 Edith Gallagher Street Address (P.O. Box Number is Not Acceptable) 4119 Summerwood Ave. Suite, Apt. #, Etc.				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.			
City State Zip Code Orlando FL 32812				SIGNATURE (Registered Agent Accepting Appointment) <u>Edith Gallagher</u> DATE <u>4-16-03</u>			
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	
Charles J. O'Toole		7301 Wharton Rd.		Russell, OH 44072		500016659885 04/22/03--01036--001 **11361 25	
REINSTATEMENT		1993-2003					
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)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 provided by Chapter 620, Florida Statutes.							
SIGNATURE <u>Charles J. O'Toole</u> General Partner				DATE <u>4-14-03</u>			
Typed or Printed Name of General Partner Signing Form <u>Charles J. O'Toole</u>				Telephone Number <u>216-696-3555</u>			