PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

DOCUMENT# 1. Name of Limited Partnership					OI DEC 14 PM 5: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Office Addr	ress	3. Mailing Office Ad	Idress	4. Da	4. Date Formed or Registered			
4555 Adams Avenue		same		То	To Do Business in Florida 5/17/84			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FE	5. FEI Number Applied For			
					59-2049442 Not Applicable			
City & State		City & State		6. CEF	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
	Beach FL	7in		7a.	Capital Contributions as shown	on Record:		
Zip	Country	Zip	Country		\$990			
33140	USA				unt of Capital Contributions	s in FLORIDA to da	ate:	
8. Name and Address of Current Registered Agent					\$990			
Name	David M Dobin	n		15th	Computed at a rate o		amount entered	
Name David M Dobin Street Address (P.O. Box Number is Not Acceptable) 4555 Adams Avenue					inimum filing fee of \$	\$52.50 and a maxim	num of \$437.50,	
	4555 Adams A	venue	7 C .		e(s): \$88.75 for ea	ach year due this of	fice, beginning	
Suite, Apt. #, Etc.			\ /	0/19	ຳr year. ່ງ penalty fee fo	or each year report f	orm is delinquent.	
City		Stat	eT\ '	(0)	entered in 7b in	s greater than amou	unt entered in with a separate	
	i Beach	FL	V		priate filing fee.	_		
for the purpose of chai agent. I am familiar wit	ons of sections 620,1051 and 620 nging its registered office or regist th, and accept the obligations of sections are sections.	ered agent, or both, in the	State of Florida	Mized or r as authorized b	registered under the laws of the SI by its general partner(s). I hereby	tate of Florida, subm accept the appointm	nits this statement nent of registered (0,0)	
A GENERAL	PARTNER THAT IS MUST	S A CORPORA BE REGISTE				RBUSINES	S ENTITY	
10. Name(s) of General Partner(s)			Each General Partner ost Office Box Numbers)	Ci	City, State and Zip Code		Registration sument Number	
David M Dobin		4555 A	dams Avenı	ıe Miam	i Beach FL 33	3140		
		1			5000047	4281	51	
	•				-12/28/4	0101061 [.]	010	
					****65(0,00 ***	*641.25	
					www.undalebooke	M X	X) (
							MINISTER STATE	
		1		1				
Note: General	partners MAY NOT	be changed on	this form; an a	mendment n	nust be filed to char	nge a gener	al partner.	
11. i.do hereby certify the	hat the information sopiled with the	nis filing is voluntarily furnis	shed and does not qualify	for the exemption sta	ated in Section 119.07(3)(i), Florida	Statutes. I release t	the Division of	
Corporations from a on this annual repor trustee empowered	this to e and accurate accithat my	signature shall have the s	event that the information one legal effects as if ma atures	n supplied is deemed i ade under oath. I furthe	exempt from public access. I furth er certify that I am a General Partr	ner certify that the inter- ner of the limited par	tnership, receiver or	
iruside empowered	be ecute this report as required	W C	<i>D-/</i>			40/45/0		
SIGNATURE _			√		DATE	12/17/0)1	