

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 NOV 30 AM 8:52

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # A18118**

**1. Name of Limited Partnership**  
New River, Ltd./Pasco

CR2E039 (8/05)

**2. Principal Office Address**  
2029 Century Park East

Suite, Apt. #, etc.  
Suite 2910

City & State  
Los Angeles, CA

Zip  
90067

Country  
US

**3. Mailing Office Address**  
2029 Century Park East

Suite, Apt. #, etc.  
Suite 2910

City & State  
Los Angeles, CA

Zip  
90067

Country  
US

**4. Date Formed or Registered  
To Do Business in Florida** 10/24/1984

**5. FEI Number**  
592509548

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$8.75 Additional Fee required for a Certificate of Status

**7a. Capital Contributions as shown on Record:**  
2,447,325

**7b. Amount of Capital Contributions in FLORIDA to date:**

**8. Name and Address of Current Registered Agent**

Name  
Bruce Levine

Street Address (P.O. Box Number is Not Acceptable)  
1041 Satin Leaf Street

Suite, Apt. #, Etc.

City  
Hollywood

State  
FL

Zip Code  
33019

**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 due.
- 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.

**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) Bruce Levine DATE 11/25/05

**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
Ivan Faggen	2029 Century Park East Suite 2910	Los Angeles, CA 90067	

REINSTATEMENT 04-05  
900062128169  
12/13/05--01064--009 \*\*1052.50

**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 Ivan Faggen DATE 11-17-05  
Typed or Printed Name of General Partner Signing Form IVAN FAGGEN Telephone Number 310-300-0831