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	CR2E039 (9/00)
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PLEASE READ ALL INSTRUCTIONS REFORM COMPLETING THIS FORM.		
LIMITED	F AIL OBE VEMENT COSTAT	E
PARTNERSHIP REINSTATEMENT	Secretary of State	02 FEB 21 AM 11: 04
DOCUMENT # A 205/	DIVISION OF CORPORATIONS	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # A 20516 1. Name of Limited Partnership		ALLAIMONEEN
Jamber Properties, Limited		
REINSTATEMENT 2000 - 2002		[2]21
3.24 incipal Office Address 4 Ave.	3. Mailing Office Address	4. Date Formed or Registered To Do Business in Florida 9/9/9.85
Strite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED (3376 Additional Rescription to a Certificate of Status
Zip 2:3/) [24 Country C	Zip Country	7a. Capital Contributions as shown on Record:
8. Name and Address of	Current Registered Agent	7b. Amount of Capital Contributions in FLORIDA to date:
Name 4/ (/a.a. /	/	FEES:
$H(N) = \{Y(N) O(N)\}$		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.
		Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.
		Penalty Fee(s): \$500 penalty fee for <u>each year report form</u> is <u>delinquent</u> . Note: If the amount entered in 7b is greater than amount entered in
City // / / / / / / / / / / / State Zip Code 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) DATE		
A GENERAL PARTNER THAT I MUST	S A CORPORATION, LIMITED I BE REGISTERED AND ACTIVI	PARTNERSHIP OR OTHER BUSINESS ENTITY E 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
Jamber Properties, IN	e 7765 W. 20 Ave-	Hiàlenh, Fl 33014 P9800045119
MEINSTATI	EMENT 2000 -	1000050441319 -03/05/0201054034 ***1983.00 ***1983.00
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 Corputations from any Itability 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 accordance 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 60, Florida Statutes.		
SIGNATURE		
Typed or Printed Name of General Partner Signing Form Telephone Number		