

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

05 JUN 20 AM 11:25

DOCUMENT # A23156

1. Name of Limited Partnership

FIFTH AND FIFTH ASSOCIATES, LTD.

2. Principal Office Address
441 N. E. 4th Avenue

3. Mailing Office Address
P.O. Box 30399

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, Florida

City & State
Fort Lauderdale, Florida

Zip 33301

Country Broward

Zip 33303

Country Broward

Handwritten initials

4. Date Formed or Registered
To Do Business in Florida 9/2/1986

5. FEI Number
59-2714002

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:
515,000.00

7b. Amount of Capital Contributions in FLORIDA to date:
515,000.00

8. Name and Address of Current Registered Agent

Name
Peter M. Feldman

Street Address (P.O. Box Number is Not Acceptable)
441 N. E. 4th Avenue

Suite, Apt. #, Etc.

City
Fort Lauderdale

State Zip Code
FL 33301

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 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.

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) who hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

REINSTATEMENT 1993-2005

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.

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
Peter M. Feldman	441 N. E. 4th Avenue	Fort Lauderdale Florida 33301	400056360934 06/21/05--01006--001 **13341.25
Stevan Lieberman	441 N. E. 4th Avenue	Fort Lauderdale Florida 33301	

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 *Peter M. Feldman* DATE 6/15/2005

Typed or Printed Name of General Partner Signing Form Peter M. Feldman Telephone Number 954-523-4050

CR2E038 (10/02)