PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERS REINSTATEM	HIP.	Sec	cretar	TMENT OF STA y of State corporations	ATE.	SECRETARY OF S DIVISION OF CORPOR 05 JUN 20 AM II	HOITAS	S
DOCUMENT # A23156 1. Name of Limited Partnership FIFTH AND FIFTH ASSOCIATES, LTD.								
2. Principal Office Address 441 N. E. 4	1 -	3. Mailing Office Address PO. Box 30399			4. Date Formed or Registered To Do Business in Florida 9/2/1986			
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			5. FEI Number 59–2714002		Applied For Not Applicable
City & State Fort Lauderd	City & State Fort Lau	City & State Fort Lauderdale, Florida			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
^{Zip} 33301	Country Broward	zip 33303		Country Broward		7a. Capital Contributions as shown of 515,000.00		
8. Name and Address of Current Registered Agent						7b. Amount of Capital Contributions in 515,000.00	n FLORIDA	to date:
Name Peter M. Feldman Street Address (P.O. Box Number is Not Acceptable) 441 N. E. 4th Avenue Suite, Apt. #, Etc. City State Zip Code					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 afficiavit must be submitted along with a separate and appropriate filing fee.			
Peter M. Street Address (P.O. Box 441 N. E Suite, Apt. #, Etc.	x Number is Not Acceptable) . 4th Avenue		State	•		1.) Filing Fee(s): Computed at a rate of sin 7b, with a minimum filing fee of \$5 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for	\$7 per \$1,00 2.50 and a r in year due t each year re greater than	naximum of \$437.50, this office, beginning aport form is delinquent. amount entered in
Peter M. Street Address (P.O. Box 441 N. E Suite, Apt. #, Etc. City Fort Laude 9. Pursuant to the provision for the purpose of chan agent. I arn familiar with	x Number is Not Acceptable) 4th Avenue rdale rds of sections 620, 1051 and 620, 105	192, Florida Statutes, ered agent, or both, in action 620.192, Florida	the above the State Statutes	33301 e-named limited partnersh e of Florida. Such change		1.) Filing Fee(s): Computed at a rate of sin 7b, with a minimum filing fee of \$5: for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b is 7a, a supplemental affidavit must be and appropriate filing fee. Zed or registered under the laws of the State orged by its general partner(s) in proty and	57 per \$1,00 2.50 and a r th year due each year it greater than submitted a of Florida, si each the appo	naximum of \$437.50, this office, beginning aport form is delinquent amount entered in long with a separate
Peter M. Street Address (P.O. Box 441 N. E Suite, Apt. #, Etc. City Fort Laude 9. Pursuant to the provision for the purpose of chan agent. I am familiar with	x Number is Not Acceptable) . 4th Avenue rdale rds of sections 620, 1051 and 620, 19ing its registered office or register, and accept the obligations of seent Accepting Appointment) PARTNER THAT IS	192, Florida Statutes, ered agent, or both, in action 620.192, Florida	the above the State Statutes	e-named limited partnersh e of Florida. Such change	PAR	1.) Filing Fee(s): Computed at a rate of sin 7b, with a minimum filing fee of \$5: for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b is 7a, a supplemental affidavit must be and appropriate filing fee. zed or registered under the laws of the State origed by its general partner(s) in soft and some since the state origed by its general partner(s) in soft and some since the state origed by its general partner(s) in soft and some since the soft and some since	57 per \$1,00 2.50 and a r th year due each year it greater than submitted a of Florida, si each the appo	naximum of \$437.50, this office, beginning aport form is delinquent. amount entered in long with a separate bubmits this statement intrent of registered
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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 informal Corporations from any liability of mon this annual report is true and job trustee empowered to execute this usion supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of ron-compliance with Section 1/9.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated occurate 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 its required by the first 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form Peter M. Feldman

Telephone Number

954-523-4050

DATE 6/15/2005