	PLEASE READ A	ALL INSTRUCT	ర్వే BEFORE	COMPLETING THIS: F.Q.	RM-ED JANY OF STATE
LIMITED PARTNERS REINSTATEM	HIP	FLORIDA DEPART Secretary DIVISION OF CO	TMENT OF STATE of State		-5 AM 9: 25
1 Name of Limited Bad	T# A93000000 Inership CARDENS L				
2. Principal Office Addr 580 REED	a 0	3. Mailing Office Address 15 ENGLE STREET		CR2E039 (1/07)	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. / OO City & State		4. Date Formed or Registered To Do Business in Florida	1/29/93
λ.	YTONA, FL.	ENGLE WOD	D NJ	5. FEI Number 22 - 3238589 6.	Applied For Not Applicable \$8.75 Additional Fee required
32119	USA	07631	USA	CERTIFICATE OF STATUS DESIRED	for a Certificate of Status
Street Address (P.O. Box Number is Not Acceptable) 3959 S. Nov1 ROAD Suite, Apt. #, Etc. 16 City—PORT ORANGE State State Zip Code 72127				7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
Florida Statutes SIGNATURE (Registered A	gent Accepting Appointment) PARTNER THAT I	Juliu el M SA CORPORAT	Huy Ky ISTEPED AGENT MUST BIG ION, LIMITED P	DATE	9/24/07
10. Name(s) of 0	Genéral Partner(s)	Address of Each	General Partner	City, State and Zip Code	10a. Registration Document Number
			E STREET E	NGLEWOOD, NJ 07631	
				700110 10/09/07010	1525227 124018 **1500.0
Note: General partners MAY NOT be changed on this form; an amendm				INSTATEMENT 26	
11. I do hereby certify	that the information supplied with	this filing is voluntarily lumish	ed and does not qualify for I	the exemptions contained in Chapter 119, Floridition is deemed exempt from public access. I further	a Statutes. † release the Division of
on this annual repo	rus rue and accurate and hat my lo execute this report as required	r signature shall have the same by ghapter 620/Florida Statute	legal effects as il made unde ss.	roath. I further certify that I am a General Pariner	of the limited partnership, receiver or
Typed or Printed Name of General Parties Signing Form \$ LORIDA TEALTY (FOLDING CORP. Telephone Number 201) 816/1200					

RICHARD M. YUNKER