

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 15 AM 10:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **A94000000342**

1. Name of Limited Partnership

EQUITY TRADING FUND, LTD.
111 ARROWHEAD COURT
WINTER SPRINGS, FL 32708

2. Principal Office Address

111 ARROWHEAD CT.

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

Zip
32708

Country
USA

3. Mailing Office Address

111 ARROWHEAD CT

Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

Zip
32708

Country
USA

8. Name and Address of Current Registered Agent

Name

MCGEE, PEREZ & POWERS, PA

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

201 E. PINE STREET

Suite, Apt. #, Etc.

SUITE 700

City

ORLANDO

State
FL

Zip Code
32801

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 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
VINCENT TROY CHIMELIS	111 ARROWHEAD CT.	WINTER SPRINGS, FL 32708	A94000000342

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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 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

[Signature]

DATE

OCT 31, 2002

Typed or Printed Name of General Partner Signing Form

VINCENT TROY CHIMELIS

Telephone Number

407-592-4080

CR2E039 (10/02)