


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2001-2002
LIMITED PARTNERSHIP REINSTATEMENT
UBR

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -5 PM 1:54

DOCUMENT # A94000000392

1. Name of Limited Partnership

Klass Family Limited Partnerships

2. Principal Office Address

3201 Emerald Point Drive

Suite, Apt. #, etc.

205-B

City & State

Hollywood, FL

Zip

33024

Country

U.S.A.

3. Mailing Office Address

3201 Emerald Point Drive

Suite, Apt. #, etc.

205-B

City & State

Hollywood, FL

Zip

33024

Country

USA

4. Date Formed or Registered
To Do Business in Florida

3-25-94

5. FEI Number

65-0480650

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:

\$190,120.00

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

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

new Address change as listed above.

SIGNATURE (Registered Agent Accepting Appointment)

Joel V. Klass, MD

DATE

12-29-01

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
<i>JOEL V. KLASS, MD</i>	<i>3201 Emerald Point Drive # 205-B Hollywood, FL 33024</i>	<i>Hollywood, FL 33024</i>	<i>01 FF \$526.25 02 FF \$526.25 100004890891--6 -02/07/02--01068--011 ***1052.50 ***1052.50</i>

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I 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

Joel V. Klass, MD

DATE

12-29-01

Typed or Printed Name of General Partner Signing Form

JOEL V. KLASS, M.D.

Telephone Number

(954) 894-0268

CR2E039 (9/01)

2062

January 30, 2002

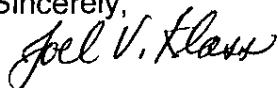
Brenda Tadlock, Section Administrator
Florida Dept. of State, Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Ms. Tadlock:

This letter is sent at your kind suggestion explaining that I did not receive the necessary limited partnership forms to fill out. ✓ I have had a double change of address, a cardiac disability, and the loss of my son on October 9, 2001. ✓
Enclosed please find the recently received forms and the payment amount of \$1,052.50 (2 x \$526.25) as you requested. ✓

I thank you again for your helpful suggestion and understanding.

Sincerely,



Joel V. Klass

P.S. – My new address is: 3201 Emerald Point Drive
Apt. 205-B
Hollywood, FL 33021