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The state of the s	PLIASERBADA	LISTRIS	ONS REFOR	E COMPI	ETING THIS FO	RM	
LIMITED PARTNERSI REINSTATEM		L RID DEPA etal division of co	MEN OF ST State	07	F D E D 2 NOV 15 AH 10: 2	<b>U</b> 27	
DOCUMENT # A94000000880  1. Name of Limited Partnership GUMENICK FAMILY INVESTMENTS NO 4 LTD				S TA 10	ecketkey of \$1A 11 AHASSEE FLOK <b>300008</b> 73 731/02010950		
-	1920 MERIDIAN AVENUE 660		Mailing Office Address  600 WEST BROAD STREET  ite, Apt. #, etc.		Formed or Registered Do Business in Florida  Number	Applied For	
2ND FLOOR  City & State MIAMI BEAC	H, FL	SUITE 100	Ā	6. CERT	D503844	\$8.75 Additional Fee require for a Certificate of Status	
Zip 33139	Country USA 8. Name and Address of	Zip 23230 Current Registered Agei	Country USA	\$1,0 <b>7b.</b> Ar	7a. Capital Contributions as shown on Record: \$1,015,000.00  7b. Amount of Capital Contributions in FLORIDA to date: \$1,015,000.00		
Name DIAZ, MANNY  Street Address (P.O. Box Number is Not Acceptable) 1920 MERIDIAN AVENUE  Suite, Apt. #, Etc. 2ND FLOOR  City  State Zip Code				43 Filip	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.		
Street Address (P.O. Box 1920 MERID Suite, Apt. #, Etc. 2ND FLOOR City	x Number is Not Acceptable) IAN AVENUE	State <b>FL</b>	•	in 7b for g 2.) Supp with 3.) Pena Note 7a, a	, with a minimum filing fee of \$5 ach year due this office.  blemental Fee(s): \$88.75 for ear  1992 calendar year.  alty Fee(s): \$500 penalty fee for  if the amount entered in 7b is  a supplemental affidavit must be	ch year due this office, beginning  each year report form is delinquent.  coreater than amount entered in	
Street Address (P.O. Bos 1920 MERID) Suite, Apt. #, Etc. 2ND FLOOR City MIAMI BEAC  9. Pursuant to the provisit for the purpose of char agent. I am familiar with	x Number is Not Acceptable)  IAN AVENUE  CH  ons of sections 620.1051 and 620.  nging its registered office or regist h, and accept the obligations of sections Appointment)	192, Florida Statutes, the abovered agent, or both, in the Statection 620.192, Florida Statutes	3139 /e-named limited partnershi te of Florida. Such change v	2.) Supply with 3.) Pena Note 7a, a and p organized or reg was authorized by i	with a minimum filing fee of \$5 aach year due this office.  blemental Fee(s): \$88.75 for ear 1992 calendar year.  alty Fee(s): \$500 penalty fee for it fit he amount entered in 7b is a supplemental affidavit must be appropriate filing fee.  istered under the laws of the State is general partner(s). I hereby according to the state is general partner(s). I hereby according to the state is general partner(s).	ch year due this office, beginning  each year report form is delinquent. greater than amount entered in exhibited along with a separate  e of Florida, submits this statement cept the appointment of registered	
Street Address (P.O. Box 1920 MERID Suite, Apt. #, Etc. 2ND FLOOR City MIAMI BEAC  9. Pursuant to the provisit for the purpose of charagent. Lam familiar with	x Number is Not Acceptable)  IAN AVENUE  CH  ons of sections 620.1051 and 620 nging its registered office or regist h, and accept the obligations of se	192, Florida Statutes, the above ered agent, or both, in the State action 620.192, Florida Statutes  MANNES A CORPORATE BE REGISTERS	3139 ve-named limited partnershi te of Florida. Such change v s	p organized or regwas authorized by i	with a minimum filing fee of \$5 aach year due this office.  blemental Fee(s): \$88.75 for ear 1992 calendar year.  alty Fee(s): \$500 penalty fee for it fit he amount entered in 7b is a supplemental affidavit must be appropriate filing fee.  Instered under the laws of the State its general partner(s). I hereby acc	ch year due this office, beginning  each year report form is delinquent. greater than amount entered in exhibited along with a separate  e of Florida, submits this statement cept the appointment of registered	

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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division 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 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,	
trustee empowered to execute this report as required by chapter 620, Florida Statutes.	
SIGNATURE Charge Minient DATE (16/2	

Typed or Printed Name of General Partner Signing Form Jerome Gumenick

\_\_\_\_\_\_\_ Telephone Number (804) 288-0011