

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 OCT 20 AM 10:55

**DOCUMENT # A94000001161**

1. Entity Name  
 33RD STREET CONSOLIDATED PARTNERS, LTD.



Principal Place of Business  
 851 EAST S.R. 434, SUITE 182  
 LONGWOOD, FL 32750

Mailing Address  
 851 EAST S.R. 434, SUITE 182  
 LONGWOOD, FL 32750

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



10062005 REIN-LP CR2E100 (6/04)

4. FEI Number  
 59-3240990

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENSPOON, ALEX  
 851 EAST S.R. 434, SUITE 182  
 LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$174,996.00

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	GREENSPOON, ALEX
NAME	851 EAST S.R. 434, SUITE 182
STREET ADDRESS	LONGWOOD, FL 32750
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<del>900061253239</del>
CITY-ST-ZIP	11/08/05--01037--007 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>REINSTATEMENT</b>
CITY-ST-ZIP	<i>2005</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/0/05 407-331-0440  
Date Daytime Phone #