

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A94000001194

1. Name of Limited Partnership

EAST COAST FAMILY PARTNERS, LTD.

2. Principal Office Address c/o M. Axman  
2525 Ponce De Leon Blvd.

3. Mailing Office Address c/o M. Axman  
2525 Ponce De Leon Blvd.

Suite, Apt. #, etc.  
Suite 400

Suite, Apt. #, etc.  
Suite 400

City & State  
Coral Gables FL

City & State  
Coral Gables FL

Zip  
33134

Country  
USA

Zip  
33134

Country  
USA

8. Name and Address of Current Registered Agent

Name  
Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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) Deborah D. Skipper Deborah D. Skipper 12/15/2005  
Asst. V. Pres 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
East Coast Realty Corporation	c/o M.B. Axman, Esq. 2525 Ponce De Leon Boulevard Suite 400	Coral Gables FL 33134	167052
			700062443817 12/28/05--01049--004 **2052.50

REINSTATEMENT 2004-2005

**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 Marjorie Lawrence

East Coast Realty Corporation By: Marjorie Lawrence, President

DATE 12/15/2005  
(305) 460-1228

Type or Printed Name of General Partner Signing Form

Telephone Number

FILED  
05 DEC 15 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E039 (8/05)