## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED FLORIDA DEPARTMENT OF STATE				DIVISIONETARY		
PARTNERSI REINSTATEM	E. S.	Secretary of State  Division of corporations		OS SEP 23 AM 9: 06		
DOCUMENT # A94000001211  1. Name of Limited Partnership				ľ	J. 06	
J.B. PARTNERSHIP, LTD.					. f	
2. Principal Office Address		3. Mailing Office Address		4. Date Formed or Registered		
12951 S. Calusa Club DR		12951 S. Calusa Club DR		To Do Business in Florida	09/02/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5.</b> FEI Number 650515889	Applied For Not Applicable	
City & State		City & State		CERTIFICATE OF STATUS DESIRED for a Certificate of Status		
Miami, FL		Miami, FL		7a. Capital Contributions as shown on Record:		
Zip	Country	Zip	Country	1	\$100_00	
		33186	USA	7b. Amount of Capital Contributions in FLORIDA to date:		
8. Name and Address of Current Registered Agent				\$100,00		
Name  John F. Bonner Street Address (P.O. Box Number is Not Acceptable)  12951 S. Calusa Club DR  Suite, Apt. #, Etc.  City Miami  FV 33186			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. Porida Statutes, the above-named limited between the task of the State of Florida, submits this statement for the purpose of changing its 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)						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
<b>10.</b> Name(s) of Ge	eneral Partner(s)	Address of Each (Do NOT Use Post C	General Partner	City, State and Zip Code	10a. Registration Document Number	
JB Aircraft	Leasing, Inc.	12951 S. Ca	lusa Club DR	Miami, FL 33186	P94000043019	
	REINST	ATEMEN	T03-05	8000599 09/23/0501054-	D2318 -002 **1932.50	
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 of Corporations from any lighlifty 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 arrival report is the analysis 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 Geografia this epoil asynchrift by chapter 620. Florida Statutes.  SIGNATURE  DATE  JB Aircraft Leasing, Inc.  Telephone Number 305 495 8200						