## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT  DOCUMENT # 1. Name of Limited Partnership	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2008 JUN 12 PH 1: 28  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Outland Properties, LTD					
Principal Office Address - No P.O. Box #     4325 NW South Tamiami Canal Drive     4325 NW South Tamiami Canal Drive		rive	CR2E039 (1/07)		
Suite, Apt. #, etc. Villa 3	Suite, Apt. #, etc. Villa 3			4. Date Formed or Registered To Do Business in Florida	
Miami, FL	City & State Miami, FL			<b>5</b> 650603595	Applied For Not Applicable
<sup>z</sup> 33126 ÜS	33126	US Country		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
Name and Address of Current Registered Agent  Name David Block  Street Address (P.O. Box Number is Not Acceptable).  4325 NW South Tamiami Canal Dr  Suite Apt. # Etc.			7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.  A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in		
Miami				circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
9. Pursuant to the provisions of section 620 1810 or 620.1909, Florida Statutes, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  ORDERAL 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 (Do NOT Use Post C	General Partner		City, State and Zip Code	10a. Registration Document Number
Out Island Properties,Inc /J88807	4325 NW South Canal Mia Drive Villa 3		Miaı	mi, Fl 33126	J88807
		06-0	8	0001286 06/03/0801025- 0001286 05/07/0801008-	
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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 David BLock				DATE 305-860-0000	
Typed or Printed Name of General Partner Signing Form					