


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

0001-2002  
**LIMITED PARTNERSHIP REINSTATEMENT**  
*LEBR*

 **FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2002 FEB 21 PM 1:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT #** A95000001600

**1. Name of Limited Partnership**  
Bianculli Family Limited Partnership

<b>2. Principal Office Address</b> 513 Palm Drive Suite, Apt. #, etc. City & State Hallandale, Florida Zip Country 33009		<b>3. Mailing Office Address</b> 513 Palm Drive Suite, Apt. #, etc. City & State Hallandale, Florida Zip Country 33009	
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**4. Date Formed or Registered To Do Business in Florida** 10/24/1995

**5. FEI Number** 65-0616900  
Applied For Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

**7a. Capital Contributions as shown on Record:** 2,500,000.00

**7b. Amount of Capital Contributions in FLORIDA to date:** 355,836

**8. Name and Address of Current Registered Agent**

Name  
Michal R. Fabricant

Street Address (P.O. Box Number is Not Acceptable)  
2500 E. Hallandale Beach Blvd.

Suite, Apt. #, Etc.  
Suite 405

City State Zip Code  
Hallandale FL 33009

**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.

**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) \_\_\_\_\_ DATE \_\_\_\_\_

**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 General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	<b>10a.</b> Registration Document Number
L.D.L.E. Inc.	513 Palm Drive	Hallandale, FL 33009	P95000078383
			500005044255--2 -03/05/02--01063--029 ****526.25 ****526.25
			500005044255--2 -03/05/02--01063--030 ****526.25 ****526.25

**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 *Levi P. Bianculli* DATE *2/24/02*

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Telephone Number \_\_\_\_\_

CR2E039 (9/01)

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**FRIEDMAN  
ALPREN &  
GREEN LLP**

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

1700 BROADWAY  
NEW YORK, NY 10019  
212-582-1600  
FAX 212-265-4761  
www.nyccpas.com

January 17, 2002

Division of Corporations  
Attn: Partnership Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Bianculli Family Limited Partnership  
Doc. #: A95000001600

Gentlemen:

The above referenced Partnership was recently issued a revocation notice due to failure to file its annual report for 2001.

Please be advised that for the previous years the Partnership sent us the preprinted annual reports for completion. However, for 2000, the Partnership did not receive the annual report from your office. The Partnership is simply an investor and does not maintain an office staff. The non receipt of the above report thus went unnoticed.

Enclosed therefore find the Application for Reinstatement together with the annual fee for \$526.25. Kindly refrain from assessing the reinstatement fee.

Thank you for your cooperation on this matter. If you should have any questions, please contact Mr. John Fletouris of this office.

Very truly yours,

  
Friedman Alpren & Green LLP

FAG:rs  
jt:3240  
Encl.

cc: Louis Bianculli