PLEAS	SE READ A	Q _c	ION: BEI	1/1	MAAAA		
LIMITED PARTNERSHIP REINSTATEMENT		LORIDA DEPARMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS			FILED O3 DEC -2 PM 2: 19 SECRETARY OF		
DOCUMENT # A9 1. Name of Limited Partnership BEC INVESTORS, LTD			M M		SECRETARY TALLAHASSE 2 8000252 12/04/03-01035-	E. FLORIDA	
2. Principal Office Address		3. Mailing Office Address			4. Date Formed or Registered		
7027 Valencia Drive		7027 Valencia Drive			To Do Business in Florida 4/8/96		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For Not Applicable		
City & State		City & State			6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required	d
Boca Raton, FL		Boca Raton, FL				for a Certificate of Status	4
Zip Country	Zip	<u> </u>	Country		7a. Capital Contributions as shown on Record: 5,000,000.00		
33433 USA	3343	3	USA		7b. Amount of Capital Contributions in	n FLORIDA to date:	1
8. Name and Address of Current Registered Agent					5,000,000.00		
Name Albert W. Gortz, c/o Proskauer Rose LLP				FEES: 1.) Filling 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,			
Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Road					for <u>each year due</u> this office.		
Suite, Apt. #, Etc.					Supplemental Fee(s): \$88.75 for each with 1992 calendar year.		
Suite 340W		Penalty Fee(s): \$500 penalty fee for <u>each year report form is defined</u> Note: If the amount entered in 7b is greater than amount entered in		· · · · · · · · · · · · · · · · · · ·	1		
City Boca Raton		State Zip Code			7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		
9. Pursuant to the provisions of sections	tered office or registered agen	it, or both, in the Stat .192, Florida Statute:	te of Florida. Such change s.	ship organ was auth	ized or registered under the laws of the State lorized by its general partner(s). I hereby according	of Florida, submits this statement ept the appointment of registered	2E039 (9/01)
-SIGNATURE (Registered Agent Accepting	//////V	nt W.	Gert		DATE	211/03	CR2E0
A GENERAL PARTN		ORPORAT	IONYLIMITEE		TNERSHIP OR OTHER	BUSINESS ENTITY	1
40			D AND ACTI h General Partner	VE W	TH THIS OFFICE. City, State and Zip Code	10a. Registration	ł
10. Name(s) of General Partner	(s)	(Do NOT Use Post	Office Box Numbers)	ļ	City, State and Zip Code	Document Number	ł
				-		بسنديها الهمديسات سيبار	
Kenneth M. Endelson		27 Valen	cia Drive	Вс	ca Raton, FL 33433		
Kathi Belfer Cypres		13045 Rivers Road L		Lo	s Angeles, CA 90049		
			- -		·	a 	
	ALMS	TATEN	ENT 2	000	7-2003	,	
					K		•
Note: General partners	MAY NOT be cha	anged on th	is form; an am		ent must be filed to chang	ge a general partner.	1
11. I do hereby certify that the informa Corporations from any liability of n on this annual report is true and a trustee empowered to execute this	tion supplied with this filing is on-compliance with Section 11 courage and that my signature proport as recurred by chapter	voluntarily furnished 19.07(3)(f) in the ever shall have the same \$20, Florida State	and does not qualify for the that the information supply and offects as if made uses	he exemp pplied is d nder oath	tion stated in Section 119.07(3)(i), Florida Stat eemed exempt from public access. I further c . I further certify that I am a General Partner of	tutes. I release the Division of certify that the information indicated f the limited partnership receiver or	
SIGNATÚRE	Me ph V	ww			DATE	126/03	

Typed or Printed Name of General Partner Signing Form Kenneth M. Endelson