


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND

1062

<b>2002 LIMITED PARTNERSHIP REINSTATEMENT</b> <i>LEBR</i>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		02 NOV -5 AM 9:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A 960 0000 2067					
1. Name of Limited Partnership <b>The Ruth Lippman Family Limited Partnership</b>					
2. Principal Office Address <b>5194 Windsor Parke Dr.</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>5194 Windsor Parke Dr.</b> Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida <b>11/7/96</b>	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		5. FEI Number <b>65-0718508</b> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33496</b>	Country <b>U.S.A.</b>	Zip <b>33496</b>	Country <b>USA</b>	6. <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <b>NANCY BENSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>5194 Windsor Parke Drive</b> Suite, Apt. #, Etc.				7a. Capital Contributions as shown on Record: <b>850,000</b> 7b. Amount of Capital Contributions in FLORIDA to date: <b>850,000</b>	
City <b>BOCA RATON</b>				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) <i>Nancy Benson</i> DATE <b>10/31/02</b>					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
<b>Ruth Lippman</b>		<b>1500 South Ocean Blvd, # 5-803</b>		<b>BOCA RATON, FL 33432</b>	
				10a. Registration Document Number <b>600008793696</b> 11/05/02--11/25--1107 **\$26.25	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
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 <i>Ruth Lippman</i>				DATE <b>10/31/02</b>	
Typed or Printed Name of General Partner Signing Form <b>Ruth Lippman</b>				Telephone Number <b>561-393-1216</b>	

CR2E039 (9/01)

CPA

BRUCE JAY REINGOLD, P.A.

9033 GLADES ROAD SUITE C  
BOCA RATON, FLORIDA 33434  
TELEPHONE 561-451-0866 • FACSIMILE 561-487-5691

October 31, 2002

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Doc #A96000002067  
The Ruth Lippman Family Limited Partnership

To Whom it may Concern:-

Enclosed please find our check in the amount of \$526.25, which represents the payment for the renewal of the Partnership. Mrs. Lippman is an eighty four year old lady who has been in and out of the hospital for the past year. She does not recall receiving the original form. We do not believe she received the renewal as she would have immediately forwarded same to our offices to tell her what she should do with it.

We would therefore request your reinstating the partnership and accepting the enclosed check as full payment, abating any penalties or interest.

Thanking you in advance for your attention and consideration in this matter, I remain,

Sincerely yours,

  
Bruce J. Reingold