

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:18

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000000408

1. Name of Limited Partnership

L.A. Mortgage Investors, Ltd.

900073562409
05/02/06--01004--013 **8.75

300073559903

05/02/06--01004--012 **8000.00

2. Principal Office Address

1355 W. Palmetto Park Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.
#260

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Zip

33486

Country

USA

Zip

Country

CR2E039 (11/05)

**4. Date Formed or Registered
To Do Business in Florida**

2/14/97

5. FEI Number

650739045

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Jeff Kune

Street Address (P.O. Box Number is Not Acceptable)

1355 W. Palmetto Park Rd.

Suite, Apt. #, Etc.

#260

City

Boca Raton

State

FL

Zip Code

33486

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

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE

**A GENERAL 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 General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
L.A.G.P., Inc.	1355 W. Palmetto Park Road	Boca Raton, FL 33486	P93000046485

REINSTATEMENT 1999-2006

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 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

DATE

3/25/06

Typed or Printed Name of General Partner Signing Form

Jeffrey D. Kune

Telephone Number

561 350 4344