

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 AM 9:52

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A9700000880

1. Name of Limited Partnership  
Palm River JLM Center, Ltd.

CR2E039 (8/05)

2. Principal Office Address  
Essex Street and Route 17

3. Mailing Office Address  
Essex Street and Route 17

4. Date Formed or Registered  
To Do Business in Florida 4/21/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
58-2323868

Applied For  
Not Applicable

City & State  
Maywood, NJ

City & State  
Maywood, NJ

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

Zip  
07607

Country  
USA

Zip  
07607

Country  
USA

7a. Capital Contributions as shown on Record:  
\$99.00

7b. Amount of Capital Contributions in FLORIDA to date:  
\$99.00

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

Name  
Craig E. Behrenfeld  
Street Address (P.O. Box Number is Not Acceptable)  
601 Bayshore Boulevard

Suite, Apt. #, Etc.  
Suite 700

City  
Tampa

State  
FL

Zip Code  
33606

**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 due.
- 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 10/21/05

**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
Palm River JLM Center Corp.	Essex Street and Route 17	Maywood, NJ 07607	P97000035640
			700061305077 11/10/05--01003--007 **1282.50
			REINSTATEMENT 04-05

**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 for 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

*Joseph L. Muscarelle, Jr.*

DATE 10/19/05

Typed or Printed Name of General Partner Signing Form

Joseph L. Muscarelle, Jr., Pres. of Genl. Partner

Telephone Number 201-845-8100 #271356