PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

allo do LIMITED **PARTNERSHIP**



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

3. Mailing Office Address

DOCUMENT # A97000001124

1. Name of Limited Partnership

2. Principal Office Address

Paradise Doral, Ltd.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

OI APR 13 AM 9: 23

4. Date Formed or Registered

2901 Rigsby Lane		2901 Rigsby Lane				TO DO Business in Florida			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Applied For	
						59 - 34 <u>51395</u>		Not Applicable	
City & State		City & State			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
Safety Harbor FL		Safety Harbor FL			7a. Capital Contributions as shown on Record:				
Zip	Country	Zip Country			\$500.00				
34695 Pinellas		34695 Pine		inellas		7b. Amount of Capital Contributions in FLORIDA to date:			
8. Name and Address of Current Registered Agent						\$500.00			
Name Forlizzo Law Group						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			
Street Address (P.O. Box Number is Not Acceptable) 2903 Rigsby Lane									
Suite, Apt. #, Etc.									
City Safe	ty Harbor		State Zip Code 7a, a supplem and appropria				mental affidavit must be submitted along with a separate		
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 3-8-01									
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 G				n General Partner Office Box Numbers)		City, State and Zip Code	10a.	Registration Document Number	
Paradise Development Grp Inc 2901		2901 Rig	Rigsby Lane		Safety Harbor FL 34695 SOOOD4 -04/17/ ****282		0143 7/01011	876741 1 4359 ア D1D1105019 1.50 ****282.50	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.									
1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 The Signature					DATE 3-08-01 Telephone Number 227-126-1115				
Typed or Printed Name of General Partner Signing Form									



Development . Management . Leasing

March 8, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Paradise Doral Ltd 59-3451395

Dear Sir:

In reviewing our corporate records, it was brought to our attention that the Limited. Partnership Annual Report for the year 2000 was not filed with the State of Florida. The mailing address was listed incorrectly and the registered agent had moved and is no longer the agent for the partnership. Attached is our completed reinstatement form with the current correct information and our check for \$282.50 for both 2000 and 2001. We are thereby requesting a one-time waiver of any fees and or penalties due to this situation.

Thanking you in advance for the consideration on this matter.

Sincerely

PARADISE DORAL LTD.

M. Bridget Tones

Secretary:

Enc2