

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**A97000001744**

**FILED**

03 DEC 30 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **A97000001744**

1. Name of Limited Partnership  
**THE SYDEL SINGER FAMILY LIMITED PARTNERSHIP**

2. Principal Office Address  
**c/o Theodore R. Nelson**

3. Mailing Office Address  
**c/o Theodore R. Nelson**

4. Date Formed or Registered To Do Business in Florida  
**08/12/1997**

Suite, Apt. #, etc.  
**9911 W. Broadview Dr.**

Suite, Apt. #, etc.  
**P. O. Box 54-6530**

5. FEI Number  
**65-0753946**

City & State  
**Bay Harbor Islands, FL**

City & State  
**Surfside, FL 33154**

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

Zip **33154** Country **USA**

Zip **33154** Country **USA**

7a. Capital Contributions as shown on Record:  
**1,000,000.00**

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

8. Name and Address of Current Registered Agent

Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

Suite, Apt. #, Etc.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

**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) **Brian Courtney** DATE **12/29/03**  
**Asst. V. Pres**

**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)  
**Sydel Singer Family Corporation**

Address of Each General Partner (Do NOT Use Post Office Box Numbers)  
**9911 West Broadview**

City, State and Zip Code  
**Dr. Bay Harbor Islands, FL 33154**

10a. Registration Document Number  
**98000065176**

**900026166979**  
**01/06/04--01047--019 \*\*1026.25**

**REINSTATEMENT**

**2003**

*bn*

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 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 **Theodore R. Nelson, Esq., Secretary, Sydel Singer Family Corporation** DATE **12-23-03**  
Telephone Number

CR2E039 (9/03)