PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.										
		Jim Secreta	ORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS			AM 9: 19				
DOCUMENT # A 97 0000 2459  1. Name of Limited Partnership					SECRETARY TALLAHASSE	OF STATE E, FLORIDA				
EMS South Florida Developments, Ltd.					500010135025 01/15/0301073005 ***3315,00					
2. Principal Office Address on	[									
2. Principal Office Address Sheppard Plaza. Mailing Office Address 638A Sheppard Ave. W P.O. Box 4218					4. Date Formed or Registered To Do Business in Florida	November 7, 1997				
Suite, Apt. #, etc. Suite 222		Suite, Apt. #, etc.			<b>5.</b> FEI Number 65–0801516	秀 Applied For Not Applicable				
City & State	<del>  </del>	Pite F State			<b>6.</b>					
Toronto, Ontario		City & State Scottsdale, Arizona			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
Zip Country M3H2S1 Canada		(ip	Country	-	7a. Capital Contributions as shown of \$180,100.00	on Record:				
9 0		85261 USA			7b. Amount of Capital Contributions in FLORIDA to date:					
	Address of Cu	rrent Registered Ager	nt		\$52.50					
Name David I. Brodt, Esq.					FEES:  1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered					
Street Address (P.O. Box Number is Not.	Acceptable)		· · · · · · · · · · · · · · · · · · ·		in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.					
214 Brazilian Avenue					2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning					
Suite, Apt. #, Etc. Suite 200					with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is defined to the second form is defi					
City State Zip Code					Note: If the amount entered in 7b is greater than amount entered in					
Palm Beach		FL   33480			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 Appo		COPPORATI	ON LIMITED	$\frac{1}{\sqrt{2}}$	DATE	1/1010				
A GENERAL PARTNER	MUST BI	E REGISTERE	D AND ACTIV	/ PAK /E W	THERSHIP OR OTHER THE THIS OFFICE.	BUSINESS ENTITY				
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				
SUD Developments, Inc	e.	Attn: Elliott Sud 1950 S. Ocean Drive #14-J		На	allandale, FL 33009 P97000095268					
				1997 1863		99-03 ou				
Note: General partners MA	Y NOT be	changed on this	s form; an ame	endme	ent must be filed to chan	ge a general partner.				

11. I 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 turther 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	A And		DATE	Dec. 30	2000
Typed or Printed Name of General Partner Signing Form	ELLIOTT	Sud	Telephone Number	416-638	- 922

## eslie Robert Evans & Associates, P.A., Counselors at Law

(561) 832-8288

214 Brazilian Avenue, Suite 200, Palm Beach, Florida 33480

Fax: (561) 832-5722 E-mail: brad@lrevanspa.com

January 13, 2003

Via Federal Express

Department of State Attn: Partnership Section 409 East Gaines Street Tallahassee, Florida 32399

RE: Limited Partnership Reinstatement of EMS South Florida Developments, Ltd.

Dear Sir/Madam:

Enclosed please find check numbered 1210 in the amount of \$3,315.00 which represents the amount to reinstate the limited partnership listed above and to issue a Certificate of Status.

Should you have any questions please feel free to contact me.

Very truly yours,

LESLIE ROBERT EVANS & ASSOCIATES, P.A.

Bradley A. Pess

Legal Assistant

bap

**Enclosures** 

cc: Elliott Sud via telefax with enclosures Jorge Sordo via telefax with enclosures