

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

A97000002600

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002600

1. Name of Limited Partnership .KOMM INVESTMENTS, LTD.

MJH

2. Principal Office Address

777 South Flagler Dr.

3. Mailing Office Address

14662 Rolling Rock PL

Suite, Apt. #, etc.

Suite 900, East Tower

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Wellington, FL

Zip 33401

Country

Palm Beach

Zip 33414

Country

Palm Beach

8. Name and Address of Current Registered Agent

Name

RUSSELL T. KAMRADT, ESQ

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

AKERMAN SENTERFITT & EIDSON, P.A.

Suite, Apt. #, etc.

777 So. Flagler Dr., Suite 900, East Tower

City

West Palm Beach

State

FL

Zip Code

33401

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

**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

.KOMM INVESTMENTS, INC.

14662 Rolling Rock
Place

Wellington, FL
33414

P97000101174

REINSTATEMENT

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***3078.75 ***3078.75

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

JOHN MARINO

DATE

3/13/02

Typed or Printed Name of General Partner Signing Form

Telephone Number 561-795-2845

CR2E039 (9/01)