1082

FILED ASSOCI ATES, LTD. 03 DEC 17 AMID: NL SECRETARY OF STAIL TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE SAME 1730 N. FEDERAL **DUE BY MAY 1** City & State 4. FEI Number Applied For City & State 65-08*0*0037 BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired **USP** Fee Required 7. Name and Address of Current Registered Agent DO-NOT-WRITE Number is Not Acceptable)

-ADES (OAD) SUITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Capital Contribution as Shown on record. (630; 200 • 00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT OF STATE in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. P97000 100 736 CR2E003B (12/01 DOCUMENT # STREET ADDRESS CALGARY, INC. STREET ADDRESS 1730 N. FEDERAL HWY BOYNTON BEACH | FL CITY - ST - ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DO=NOT-WRITE ----CITY-ST-ZIP-CITY-ST-7IP DOCUMENT **#** IN THIS SPACE STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS **NEWSTATEMEN** NAME STREET ADDRESS CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME M THOMAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

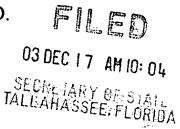
SIGNATURE:

11/26/03

561 364 0600

ALBERTA ASSOCIATES, LTD.

1730 N. Federal Highway Boynton Beach, FL 33435



October 30, 2003

State of Florida Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Reinstatement of Limited Liability Company

Dear Reader:

Enclosed, please find, a Uniform Business Report (UBR) for Alberta Associates, Ltd. We were unaware that this corporation had been administratively dissolved on October 3, 2003. The company had received no mailings from the state to renew the company or that the company had been administratively dissolved.

In addition, enclosed is a check in the amount of \$50.00 which will cover the filing fees for 2003.

If you should have any questions, please contact me at 561-364-0600 or my accountant at 954-475-3199.

Sincerely,

Bernard Perron

President

cc: Berkovits, Lago & Co. LLP