| EA EAD | ALL INSTRUCTIONS BEFOR | $\Delta \Lambda I$ | | |
|---|--|---|---|--|
| PARTNERSH P REINSTATEMENT | Cret St. | | O CTATE WAL | |
| - CHI | | 03 JUL -3 | AM 9: 43 7/3 | |
| DOCUMENT # A9800000351 1. Name of Limited Partnership | | 2002-3 | \ | |
| 1. Name of Limited Partnership Fins Raw Bard GRILL LTD | | 100017 | | |
| REINSTATEMENT | 2002-2003 | A C. 10-10 A 1 | 6011 **1463.75 | |
| 2. Principal Office Address | 3. Mailing Office Address | Date Formed or Registered | | |
| 490 N. Harbor city | 490 N. HAMBOR UTY | | 127/1958 | |
| Suite, Apt. #, etc. | Suite, Apt. #. etc. | 5. FEI Number 59-3494754 | Applied For Not Applicable | |
| City & State | City & State | 6. CERTIFICATE OF STATUS DESIRE | \$8.75 Additional Fee required for a Certificate of Status | |
| MESSOURNE PL | MEBOURNE A | 7a. Capital Contributions as shown | | |
| Zip Country | 32435 Country 32435 | 200,000 | | |
| 8. Name and Address of | of Current Registered Agent | 7b. Amount of Capital Contributions | | |
| Name | | FEI | FEES: | |
| Street Address (P.O. Box Number is Not Acceptable) | | 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 <u>each year due</u> this office. | | |
| 490 N. HARBOR CITY BCVI) Sulte, Apt #, Etc. | | 2.) Supplemental Fee(s): \$88.75 for g with 1992 calendar year. | ach year due this office, beginning | |
| City | State Zip Code | 3.) Penalty Fee(s): \$500 penalty fee for Note: If the amount entered in 7b. 7a, a supplemental affidevit must be and appropriate filing fee. | s greater than amount entered in | |
| Marcines | FL 32975 | | | |
| Pursuant to the provisions of sections 620.1051 and 620 for the purpose of changing its registered office or regis agent. I am lamiliar with, and accept the obligations of the control | stered agent, or both, in the State of Florida. Such change | and organized or registered under the laws of the size | te of Florida, submits this statement coept the appointment of registered | |
| SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST | IS A CORPORATION, LIMITED BE REGISTERED AND ACTI | PARTNERSHIP OR OTHER VE 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 | |
| Seloastian Fine, Ivc | 490 N. Hurbor City | MELBERANE, FC | P98000006337 | |
| · | Blvd | 3 2435 | | |
| | 12 | | | |
| حصوف کے رسمان دیا ہے۔ | ال المحادث المحادث المستعدد المهدر المداري الميت | ما المالية الم | | |
| EINSTATEMENT 2 | 2002 | | | |
| EM2 WI FIASTIAS | 2003 | 10001 | 7121491 073008 **588.76 | |
| | | 06/13/0301 | 073008 **588.76 | |
| (· | | | | |
| Note: General partners MAY NOT | | | | |
| on this annual report is true and accurate and that m | h Section 119.07(3)(i) in the event that the information sup y signature shall have the same legal effects as if made u | oplied is deemed exempt from public access. I further | r certify that the information indicated | |
| trustee empowered to execute this report as required | | | 11. | |
| SIGNATURE | 1700 | DATE | 112/03 | |
| Typed or Printed Name of General Partner Signing form | HJ. UNDERLIE V. | P. Telephone Number 32 | 1-242-22 24×112 | |