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PLEASE READ /	ALL INSTRUCTIONS BEFORE		IXIVI.	
LIMITED PARTNERSHIP REINSTATEMENT - LAIFORM BUS. ROF DOCUMENT # 199	FLORIDA DEPARTMENT, OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF ST DIVISION OF CORPOR	TATE ATIONS 1: 02	
1. Name of Limited Partnership			4	
DOCUMENT# A 98/353 1. Name of Limited Partnership GER SNYder LTD, LLP		Į	٧	
2. Principal Office Address	3. Mailing Office Address	4. Date Formed or Registered	1 000	
1733 N-RoverLive Rd	- 1733 A. Pove. Line	To Do Business in Florida	1/998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 65-080998	Applied For Not Applicable	
y & State City & State		CERTIFICATE OF STATUS DESIRED [\$8.75 Additional Fee required for a Certificate of Status	
Pompano Florida	Pompano Florida	7a. Capital Contributions as shown or	2 Percent'	
Zip Country	Zip Country	# 593, 271		
33069. (3roused	33069 Bround		7b. Amount of Capital Contributions in FLORIDA to date:	
<u></u>	8. Name and Address of Current Registered Agent #593, 271.00			
Name BARV	rder	FEES 1.) Filing Fee(s); Computed at a rate of S	\$7 per \$1 000 on amount entered	
in 7b, with a minimum filling 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 o with 1992 calendar year.				
	3.) Penalty Fee(s): \$500 penalty fee for second in 7b is secon	greater than amount entered in		
DOMOANO.	State Zip Code FL 338.69	7a, a supplemental affidavit must be and appropriate filing fee.	submitted along with a separate	
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, arm familiar with, and accept the obligations of section 620.192, Florida Statutes.				
	•	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	
G: R Snyder, Inc.	1753 N. Powerlie Rd	20mpano, FL 33069	P 980000 11760	
		7 mmmm. 4.	110171	
		10/26/00 -10/26/00	#12471 D01105022	
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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 filling 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				
Corporations from any liability of non-compliance with seapon 1907(3)) if the event that the information supplied is described to execute the first seapon of the limited partnership, receiver or trustee empowered to execute this report as required by chapter §20, Florida Statutes.				
SIGNATURE GOSUK ANDOW, Pas JOK Snight (NC. DATE 10/18/00				
60 cm man 954-973-0225				
Typed or Printed Name of General Partyer Signing Form & Cry R, Shyally Drs. GILShyall, IMC Telephone Number 7575700000				