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LIMITE PARTNER REINSTATE	SHIP 1	FLORIDA DEPAI Secreta	MELT PHOTA My of State corporations	V	THE THE THE ANASSEE.	RNA NUG-6 PH
1. Name of Limited I	STMENTS LIMITE	D	D2		BK	PH 12: 18 PH 12: 18
2. Principal Office A 4040 GALT	oddress OCEAN DR.	3. Mailing Office Add	ress		4. Date Formed or Registered To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number 68 0822425	Applied For Not Applicable
City & State FORT LAUI	DERDALE, FL	City & State	3/6		6. CERTIFICATE OF STATUS DESIRED	£9.75 Additional for required
Zip 33308	Country	Zip	Country		7a. Capital Contributions as shown of \$3.5 () 7b. Amount of Capital Contributions	00.00
	8. Name and Address o	of Current Registered Aç	jent		,	
JEFFREY S. GAMBINO			FEE 1.) Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of \$2.	\$7 per \$1,000 on amount entered		
Street Address (P.O. Box Number is Not Acceptable)				for each year due this office. 2.) Supplemental Fee(s): \$88.75 for ea		
"Suite, Apt. #, Etc. 4040 GALT OCEAN DR.			with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for	r <u>each year report form is delinquent</u> .		
City FORT LA	AUDERDALE	State FL		:	Note: If the amount entered in 7b is 7a, a supplemental affidavit must be and appropriate filing fee.	
for the purpose of	ovisions of sections 620, 1051 and 620 changing its registered office or regis ar with, and accept the obligations of s	stered agent, or both, in the S	itate of Florida. Such change	hip organ was auth	nized or registered under the laws of the Stati horized by its general partner(s). I hereby ac	e of Florida, submits this statement cept the appointment of registered
	ed Agent Accepting Appointment)			\nearrow	DATE	8-4-04
A GENERA	AL PARTNER THAT MUS	IS/A CORPORA	TIÓN, LIMITED RED AND ACTIV	PAF VE-W	RÌNERSHIP OR OTHER 47H THIS OFFICE.	BUSINESS ENTITY
10. Name(s)	of General Partner(s)	Address of E	ach General Partner ost Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number
JEFFREY S	S. GAMBINO	4040 GALT	OCEAN DR.		. LAUDERDALE, FL 308	
					3	
	STATEM	ENT 20	102-200	1		
9 6		Philos S			3000399! 08/06/0401052	51043 -008 **3140.00
Note: Gener	ral nartners MAY NOT	F he changed on	this form: an am	endr	ment must be filed to cha	nge a general partner.
11. I do hereby ce Corporations fr on this annual	irtify that the information supplied with rom any liability of non-compliance wi report is true and accurate and that m	s this filing is voluntarily furnish th Section 119.07(3)(i) in the c my signature shall have the sa	hed and does not qualify for t event that the information sup me legal effects as if made u	the exem	aption stated in Section 119.07(3)(i), Florida S deemed exempt from public access, I further th. I further certify that I am a General Partner	Statutes. I release the Division of er certify that the information indicated
SIGNATURE	vered to execute this eport as require	d by chapter 620, Florida 3ia	Tutes.		DATE	- 4- 0 y
Typed or Printed Name	e of General Partner Signing Form	JEFFREY S. G.	KMBINO		Telephone Number	<u> 14- 748- 8185</u>