## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2600 SOUTH OLIVE BLVD.

A98-1367

3. Mailing Office Address

FILED DEC -8 PM 12: 32

SECRETARY OF STATE FULLAHASSEE, FLORIDA

4. Date Formed or Registered

To Do Business in Florida

DO	Cl	IM	FN	VΤ	#
-	$\sim$	, I V I	_	4 I	π

1. Name of Limited Partnership

2. Principal Office Address

SIGNATURE &

Typed or Printed Name of General Partner Signing Form

THE BRKA LIMITED PARTNERSHIP

2600 SOUTH OLIVE BLVD.

6/2/98

Applied For

Suite, Apt. #, etc. UNIT 508-S		Suite, Apt. #, etc. UNIT 508-S				<b>5.</b> FEI Number 65–0843686	; 	Applied For Not Applicable	
PALM BEACH,	FL.	PALM BEACH, FL.  Zip Country		, FL.		CERTIFICATE OF STATUS DESIRED      Capital Contributions as shown of	Tot a Certificate of Status		
33480		33480				1,000,000 <b>7b.</b> Amount of Capital Contributions	in FLORID	A to date:	
	urrent Registered Agent								
Name RONALD L. FICK						FEES:  1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered			
Street Address (P.O. Box Number is Not Acceptable)  C/O DUNWODY, WHITE & LANDON, P.A.						in 7b, with a minimum filing 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 office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.			
Suite, Apt. #, Etc. 251 SOUTH COUNTY ROAD									
PALM BEACH			State FL	Zip Code <b>33480</b>		<ul> <li>Note:-If the amount entered in.7b is greater than amount entered in.         7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.     </li> </ul>			
for the purpose of chang agent. I am familiar with SIGNATURE (Registered Age	ging its registered office or registere, and accept the obligations of sect and Accepting Appointment)	ed agent, or both, i ion 620.192, Florid	n the Stat a Statutes	e of Florida. Such change s.	was auth	zed or registered under the laws of the Stat orized by its general partner(s). I hereby ac DATE	cept the app	pointment of registered	
	MUST	BE REGIS	TERE	D AND ACTIV	<u>/E W</u>	ITH THIS OFFICE.			
10. Name(s) of Ge	eneral Partner(s)			n General Partner Office Box Numbers)		City, State and Zip Code	10a.	Registration Document Number	
BRKA, INC.		2600_SOUTH_OCEAN				PALM_BEACH, FL.			
		BLVD.,	, SUI	TE 508-S	33	480		-49006	
•						6000035 -12/20/ ***102	do01	IJで54 1053010 ***1026.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.									

11. Ido 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

ROBEEL

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

CR2E039 (9/00)