2000			· Mar Oktivi.	
LIMITED CONTRACTOR	FLORIDA DEPARTMENT OF S	r∧ ⊤ ⊏	r.r.	
PARTNERSHIP	Secretary of State			
REINSTATEMENT	DIVISION OF CORPORATIONS	,	FILED	
DOCUMENT # A9800001367		02 00	02 OCT 29 PM 1:46	
1. Name of Limited Postsoration		. SEUR	. SECRETARY OF STATE	
	CIMITED PARTNERS	HO TALL!	AHASSEE, FLORIDA	
LAR RKKY	"" "	``		
2. Principal Office Address				
2600 South Ocenu Blud	3. Mailing Office Address 2600 South Olenn Bl	4. Date Formed or Reg To Do Business in F	istered Iorida (121ag	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	6 2 18	
UNIT 508-5	UNIT 508-S	65-084	Applied For Not Applicable	
PALM BEACH, FC.	PALM BEAR TE	CERTIFICATE OF STAT	US DESIRED 58.75 Additional Fee require for a Certificate of Status	
33480 DAIM BERLY	Zip_ Country BE	# H3 — — — — —	,600,0	
8- Name and Address of Current Registered Agent		7b. Amount of Capital C	ontributions in FLORIDA to date:	
Name	. O GAMARDS +			
Street Address (P.O. Box Number is Not Acceptable)			1.) 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,	
ON NORTH CLEMATIS ST.		for each year que this c	ffice. 88.75 for each year due this office, beginning	
Suite, Apt. #, Etc. 400		with 1992 calendar yea	r,	
City DEST PAIM BEACH State 3340 I		Note: If the amount ent	Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> 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.	
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 headly seem that the state of Florida is the statement of the state of Florida is the state of Florida is the statement of the state of Florida is the state of Flori				
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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment)				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY				
10	DE REGISTERED AND ACTIV	E 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	Document Number	
BRKA INC.	1600 SOUTH OLIMBING PRIM BEACH, FLA33480 Unit 508-5	PAIMBENEH, F	M480000 1800	
	PALM BOTTON	33486	A98000001367	
			and the same of th	
		800008536158 10/28/0201117		
		10,20,00 0111, 003 ***325.25		
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			AL	
			[F300.1]	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
and an amendment must be filed to change a general partner.				

I do 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 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. SIGNATURE Typed or Printed Name of General Partner Signing Form

11.

PALM BEACH, FLORIDA 33480

FLP. Dept of State,

al brown rever received from your.

The 2002 linebal partnership annual uport/conger
business report. The Address your sent it

to was vering of never received your

mashing. The Correct Address is

2600 S. O CEAN Blud, with 508-50ndh

Polm Bluch, Florida 33480.

enclosed is cheek for \$526,25 for worey own plus Limited Portnerstip Pointalenet form felle eit. If you need any more info please Call ne at (561) 5856715

THANK You, Thomas K. Freyelberg