
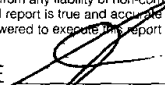


*PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT 31 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # A 98000002502					
1. Name of Limited Partnership Alpert Limited Partnership					
2. Principal Office Address 2999 N. POWERLINE ROAD Suite, Apt. #, etc. City & State POMPAHO BEACH, FL Zip 33069		3. Mailing Office Address 2999 N. POWERLINE ROAD Suite, Apt. #, etc. City & State POMPAHO BEACH, FL Zip 33069		4. Date Formed or Registered To Do Business in Florida 1/1/99	
				5. FEI Number 65-0868819	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				7a. Capital Contributions, as shown on Record: 1,500,000.	
				7b. Amount of Capital Contributions in FLORIDA to date: 1,500,000.	
8. Name and Address of Current Registered Agent					
Name ARNOLD ALPERT c/o DON GOLDSTEIN					
Street Address (P.O. Box Number is Not Acceptable) 1900 N.W. CORPORATE BLVD.					
Suite, Apt. #, Etc. #300, E BLDG					
City BOCA RATON		State FL		Zip Code 33431	
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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ 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) A. PIAZZA, INC.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2999 N. POWERLINE ROAD		City, State and Zip Code POMPAHO BEACH, FL 33069	
				10a. Registration Document Number 200004674612--7 -11/09/01--01055--011 ***1026.25 ***1026.25	
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 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 ARNOLD ALPERT		DATE 10/24/01	
				Telephone Number 954 975 0000	

CR2E039 (9/01)