PLEASE READ	ALL INSTRUCT	IONS BEFOR	E COMPLETING THIS FO	RM.	
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Ĥarris Secretary of State DIVISION OF CORPORATIONS		FILED	00 MH: 36	
DOCUMENT # A98000002604 1. Name of Limited Partnership			SECRETARY OF S TALLAHASSEE, FI		
THE LDC INVESTMENT L	MITED PARTNERS	HIP		- I	
2. Principal Office Address 1177 S.E. 3rd Avenue	,		4. Date Formed or Registered To Do Business in Florida	To Do Business in Florida 11/23/98	
Suite, Apt. #, etc.	#, etc. Suite, Apt. #, etc.			65-0878196 Not Applicable	
City & State City & State		CERTIFICATE OF STATUS DESIRED [_] for a Certificat		\$8.75 Additional Fee required for a Certificate of Status	
Fort Lauderdale, FL Zip Country 33316 USA	Fort Lauderda Zip 33316	Country	7a. Capital Contributions as shown or	\$5,000	
	of Current Registered Age	unt .	7b. Amount of Capital Contributions in	\$5,000	
Name Jeffrey S. Wachs Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3rd Avenue Suite, Apt. #, Etc.			1.) Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of \$5 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for eac with 1992 calendar year.	Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.	
City Fort Lauderdale	State Zip Code FL 33316		Note: If the amount entered in 7b is	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 6 for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations of the control of t	gistered agent, of both, in the Sta of spotion 640, 192. Florida Statute	ite of Florida. Such change v	was authorized by its general partner(s). I hereby acc	of Florida, submits this statement ept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	S & CORPORAT	FION, LIMITED	<u> </u>		
10. Name(s) of General Partner(s)	Address of Eac	ch General Partner (Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
Jeffrey S. Wachs	1177 S.E. 3rd Avenue For		Fort Lauderdale, FL 33316	A98000002604	
			8000035 -12/13/1 ****14	0015787 0001088009 1.25 ****141.25	
Note: General partners MAY NO	T be changed on t	his form; an ame	endment must be filed to chan	ge a general partner.	
11. It to hereby certify that the information supplied w	th this filing is voluntarily furnishe with Section 119.07(3)(i) in the ev my signature shall have the sam	d and does not qualify for th ent that the information supp e legal effects as if made un	e exemption stated in Section 119.07(3)(1), Florida St olled is deemed exempt from public access. I further der oath. I further certify that I am a General Partner	atutes. I release the Division of certify that the information indicated	

Jeffrey S. Wachs

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

CR2E039 (9/00)

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Telephone Number (954) 762-3400