1000001289 PLEASE READ ALL

LIMITED **PARTNERSHIP** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

1. Name of Limited Partnership

PARC IMPERIAL, LTD.

A98000002899

007 05/23/03 \$1,282,50

		tr	11/62				
2. Principal Office Address Parkway Plaza, 825 Pkway Sti		3. Mailing Office Address Parkway Plaza, 825 Pkway St			Date Formed or Registered To Do Business in Florida		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number Applied For		Applied For
Suite 4		Suite 4			59-3551210 Not Applicable		
City & State Jupiter, Florida		City & State Jupiter, Florida			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
Zip	Country	Zip	Country		7a. Capital Contributions as shown on Record:		
33477	USA	33477	USA		7b. Amount of Capital Contributions in FLORIDA to date:		
8. Name and Address of Current Registered Agent							
ROBERT A. STOK, ESQ.					FEES: 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.		
Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191 Street					for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each	1	
Suite, Apt. #, Etc. Suite 304				with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u>			
City Aventura	State FL			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 for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of section 620, 92. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)					ed or registered under the laws of the State of Florida, submits this statement inized by its general partner(s). I hereby accept the appointment of registered		
A GENERAL PARTNER THAT IS A CORPORATION, MIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
. 10. Namo(s) of Gs	ineral Partner(s)	Address of Each (Do NOT Use Post O			City, State and Zip Code	10a. _{De}	Registration ocument Number
PARC DEVEL	OPMENT, INC.	Parkway Plaz Parkway Stre		Jup	iter, Florida 33477	P98000	0039431
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Note: General partners MAY NOT be changed on this form; 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 equired by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form DENNIS BRADFORD, PRESIDENT

Telephone Number (941) 725-7272

8/12/03