

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT
2002 UBR**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # A99000000427

1. Name of Limited Partnership

EDA Family Limited Partnership

2. Principal Office Address

1355 W Palmetto Pk. Rd.

Suite, Apt. #, etc.

Suite 265

City & State

Boca Raton, FL

Zip

33486

Country

Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Edward D. Arioli

Street Address (P.O. Box Number is Not Acceptable)

1355 W. Palmetto Park Road

Suite, Apt. #, Etc.

Suite 265

City

Boca Raton

State

FL

Zip Code

33486

9. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, 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)

ARIOLI MANAGEMENT CO.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)1355 W. Palmetto Pk.Rd.
Suite 265

City, State and Zip Code

Boca Raton, FL 33486

10a. Registration
Document Number

P98000094212

 100009239371
 11/27/02--01048--003 **526.25

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 110.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(f) 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

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number

 FILED
 02 NOV 19 AM 9:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

C-25029 (10/02)

9115 A99000000427

Tax and Financial Accountants

Stephen M. Golding Co., Ltd.

NOVEMBER 1, 2002

DEAR MR. KOHR

ENCLOSED IS THE 2002 U B R. PLEASE REVIEW AND ACCEPT THE ATTACHED CHECK FOR \$526.25. CLIENT DID NOT RECEIVE THE ORIGINAL REPORT. IF YOU NEED ADDITIONAL INFORMATION, PLEASE CONTACT US.

SINCELY,

STEPHEN M. GOLDING CO., LTD.

FILED
02 NOV 19 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA