PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STA Jim Smith Secretary of State DIVISION OF CORPORATIONS	2002 AUG 16 PM 1: 39
DOCUMENT # A99000001 1. Name of Limited Partnership 730 Andrews Avenue Li	mited Partnership	DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA 100007228181—8 -08/20/0201049005 ***1923.75 ***1923.75
2. Principal Office Address 730 Andrews Avenue	3. Mailing Office Address 730 Andrews Avenue	4. Date Formed or Registered To Do Business in Florida 06/25/1999
Suite, Apt. #, etc.	Suite, Apl. #, etc.	5. FEI Number Applied For X Not Applicable
Fort Lauderdale, FL	City & State Fort Lauderdale, E	
Zip Country 3:3:3:0:4	Zip Country 33304	7a. Capital Contributions as shown on Record: \$1.000.00
8. Name and Address of Name	Current Registered Agent	7b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00
Dean J. Trantalis, Es Street Address (P.O. Box Number is Not Acceptable) 2255 Wilton Drive Suite, Apt. #, Etc. City Wilton Manors 9. Pursuant to the provisions of sections 620.1051 and 620.1	State Zip Code FL 33305	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, for gach year due this office. 2.) Supplemental Fee(s): \$88.75 for gach year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for gach year report form is delinquent. 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.
tor the purpose of changing its registered office or registered agent, and but states are stated in the purpose of changing its registered office or registered agent, and accept the obligations of specific agent, and 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 specific additional states. 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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code 10a. Registration Document Number
Julie A. Lauer	\	Fort Lauderdale, FL 33304
Mark M. Trocki	ļ	Fort Lauderdale, FL 33304
Note: General partners MAY NOT b	e changed on this form; an ame	ndment must be filed to change a general partner.
11. Ido 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 refease 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. DATE DATE DATE DATE		

Trocki

SIGNATURE

O'General Partner Signing Form Mark. M

Telephone Number 954-270 - 7229

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