

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A99000001052

1. Name of Limited Partnership

730 Andrews Avenue Limited Partnership

2. Principal Office Address

730 Andrews Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304

Country

3. Mailing Office Address

730 Andrews Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33304

Country

8. Name and Address of Current Registered Agent

Name

Dean J. Trantalis, Esq.

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

2255 Wilton Drive

Suite, Apt. #, Etc.

City

Wilton Manors

State

FL

Zip Code

33305

9. Pursuant to the provisions of sections 620.1051 and 620.1052, 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 620.1052, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

8/15/02

**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

730 Andrews Ave.

Fort Lauderdale,
FL 33304

Mark M. Trocki

730 Andrews Ave.

Fort Lauderdale,
FL 33304

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

DATE

8-15-2002

Typed or Printed Name of General Partner Signing Form

Mark M. Trocki

Telephone Number

954-270-7229

FILED

2002 AUG 16 PM 1:39

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

100007228181--8

-08/20/02--01049--005

***1923.75 ***1923.75

CP25039 (9/01)