

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN 13 AM 8:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **A99000001256**

1. Name of Limited Partnership

JNM MANAGEMENT GROUP, LTD
10155 COLLINS AVE #1602
BAL HARBOUR FL 33154

10155 COLLINS AVE #1602
BAL HARBOUR, FL 33154

2. Principal Office Address

10155 COLLINS AVE #1602
BAL HARBOUR FL 33154

3. Mailing Office Address

10155 COLLINS AVE #1602
BAL HARBOUR FL 33154

4. Date Formed or Registered To Do Business in Florida

6/7/99

Suite, Apt. #, etc.

1602

Suite, Apt. #, etc.

1602

5. FEI Number

65-0924302

Applied For

Not Applicable

City & State

MIAM BEACH, FL

City & State

MIAMI BEACH, FL

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

33140

Country

USA

Zip

33140

Country

USA

7a. Capital Contributions as shown on Record:

542,000

7b. Amount of Capital Contributions in FLORIDA to date:

542,000

8. Name and Address of Current Registered Agent

Name

SHAPOVALOV, INNA

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

16300 NE. 19TH AVE, SUITE 250

Suite, Apt. #, Etc.

SUITE 250

City

NORTH MIAMI BEACH

State

FL

Zip Code

33162

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 each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each 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.

9. Pursuant to the provisions of sections 620.1051 and 620.192, 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 620.192, 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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
ORIK, MICHAEL	10155 COLLINS AVE #1602 BAL HARBOUR FL 33154	10155 COLLINS AVE #1602 BAL HARBOUR FL 33154	500024820785 11/19/03--01006--016 **1026.25

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 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I declare 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

(Signature of Michael Orik)

DATE

11/7/03

Typed or Printed Name of General Partner Signing Form

MICHAEL ORIK

Telephone Number

(847) 549-8200

CP2E039 (10/02)