16 <u>2</u> 1 <b>18</b> 18	PLEASE (EA)	T S SI	ONS BEFOR	RE C	OF ET CAIS	
LIMITED PARTNERS	HIP A	FL RIDA P	y of State	The state of the s	FILED SECRETARY OF ST DIVISION OF CORPORA	ATE ATIONS
REINSTATEM	IENT *	•	ORPORATIONS			
DOCUMENT # A990000 1546					01 MAY 18 PM 12	. 40
1. Name of Limited Partnership  RMIFLP I, LTD						
KINITUI + 7 LIU				7000043387375 -06/01/0101092005		
		9/8	29/00		***2057	2.50 ***2052.50
2. Principal Office Address	er Island Dr.	3. Mailing Office Addres	for tihud	بہر	4. Date Formed or Registered To Do Business in Florida 9.	-25-95
		Suite, Apt. #, etc.			<b>5.</b> FEI Number	Applied For Not Applicable
City & State		City & State			6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required
- 101 -171	Fisher Island, FL Fisher Island, FL				7a. Capital Contributions as shown or	
33/09	Country USA	33/09	Country (15A		7b. Amount of Capital Contributions in	סט
8. Name and Address of Current Registered Agent					1, 193, 750	
Borry Nelson ESQ				FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered		
Street Address (P.O. Box Number is Not Acceptable)  C/O NC/GOM + A550 C/D+C5 P-A-				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		
Suite, Apt. #, Etc. 8/5 (DVBC B) Vd. 5+6-609				with 1992 calendar year.  3.)-Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u>		
City State Zip Code FL 33/80				2	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.						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
<b>10.</b> Name(s) of G	eneral Partner(s)	T	General Partner	V C 44	City, State and Zip Code	10a. Registration Document Number
		1 7714 Fish	her Island	Fis	sher Island, FL	P99000 78720
RMP HoldIA	igs, Inc.		Prive		33/09	1770007070
				0	0-526.25	
<b>.</b> 3				0	1 - 526,25	
REINS	TATEMEN	7 <u>2000 -</u>	-01 Pen	app	ties - 1000.00	m .
				_	2052.50	
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 eventy from public access. I further certify that the information indicated on this angular proof is the end accurate and that my closely to shall have the complete of mode and accurate and that my closely to shall have the complete of mode and accurate and that my closely to shall have the complete of mode and accurate and that my closely to shall have the complete of mode.						
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 4-25-0 Telephone Number (2/5) 627-3760						
ryped or Printed Name of G	eneral narmer Signing Form	HUUV-JUIL			Telephone Number 44/	<del>, , • 01/                                  </del>