

## **2006 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A99000001743

**FILED**  
**Oct 24, 2006**  
**Secretary of State**

**Entity Name:** LCME ENTERPRISES LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1814 NE MIAMI GARDENS DRIVE, #500  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1814 NE MIAMI GARDENS DRIVE, #500  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 65-0939684      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STEIN, CRAIG E  
1814 NE MIAMI GARDENS DR.  
# 500  
NORTH MIAMI BEACH, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: P99000070138  
Name: LCME ENTERPRISES, INC.  
Address: 1814 NE MIAMI GARDENS DRIVE, #500  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CRAIG EDWARD STEIN

D

10/24/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date