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| FASE  | ALL INCTOLOTIONS DEFORE  | 33: 15: ETIMO TUIO EC  | ·                                 |  |  |  |
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| MITED PA INERS P REINSTATEMENT  | L RID D A T ENT OF TA E  | COMPLETING THIS FOR AN OF STATE OF STAT | 55                                |  |  |  |
| DOCUMENT # A 9900  1. Name of Limited Partnership  WPOI OF SAN FRAME  DETAILS ATTEMPTED   | 03 DEC 23 111  |  |                                   |  |  |  |
| REINSTATEMENT 200  2. Principal Office Address 5-105 6d   | <i></i>  |  | · ·                               |  |  |  |
| 2. Principal Office Address, Farms Rd<br>11000 Prosperity Farms Rd<br>Suite 201<br>Suite, Apt. #, etc.  | Suite 201  | 4. Date Formed or Registered To Do Business in Florida  5. FEI Number 65-0964483   | 2 Applied For Not Applicable      |  |  |  |
| Palu Beach Garders, FL  | City & State Palm Beach Garden, FL   | 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status   |                                   |  |  |  |
| Zip Country 334(0 USA   | Zip Country USA  | 7a. Capital Contributions as shown or #1,000.  | .00                               |  |  |  |
| 8. Name and Address of  | Current Registered Agent   | 7b. Amount of Capital Contributions in   | n FLORIDA to date:                |  |  |  |
| Name Spiegel + Utrera,  | <i>L</i> A.  | FEES  1.) Filling Fee(s): Computed at a rate of \$   | 57 per \$1,000 on amount entered  |  |  |  |
| Street Address (P.O. Box Number is Not Acceptable)  343 Almeria Avenu   | e  | in 7b, with a minimum filing fee of \$52 for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each   | 2.50 and a maximum of \$437.50,   |  |  |  |
| Suite, Apt. #, Etc.   |  | with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.  |                                   |  |  |  |
| Coval Gables  | 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)  | 2 4 000000 TON LIMITED BY  | 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 |  |  |  |
| Chen, Shirley P.  | 3412 Hackney Court<br>Releigh, NC 976(3  |  |                                   |  |  |  |
| Chin, Achson  | 1 Honey Court  | 20002578<br>12/29/030100901  |                                   |  |  |  |
| Donn, George W  | 946 Rodney Drive<br>San Leandro, CA<br>94577   |  |                                   |  |  |  |
| 7EINS 141 EINE 2003   |  |  |                                   |  |  |  |
| 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 of apter 620, Florida Statutes. |  |  |                                   |  |  |  |
| SIGNATURE Ochyon chim DATE 12/15/2083   |  |  |                                   |  |  |  |
| Typed or Printed Name of General Partner Signing Form   | Achson Chin  | Telephone Number ()(2)   | 657-7184                          |  |  |  |