A QGASERE	OR TIOS PO	MULETING THIS FORM.
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATI Katherine Harris Secretary of State DIVISION OF CORPORATIONS	OI DEC -3 PM 5: 09
DOCUMENT # A990000000000000000000000000000000000		SEGRETARY OF STATE TALEAHASSEE, FLORIDA
2. Principal Office Address 3333 POINCIANA AVE	3. Mailing Office Address	4. Date Formed or Registered To Do Business in Florida 12/28/99
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For 0.5 0969941 Not Applicable
COCONUT GROVE FL.	City & State	6. CERTIFICATE OF STATUS DESIRED Status desired for a Certificate of Status
Zip Country 33133 USA	Zip Country	7a. Capital Contributions as shown on Record:
8. Name and Address of Current Registered Agent		7b. Amount of Capital Contributions in FLORIDA to date:
	Current Registered Agent	\$ 100 000.00
Name ROBIN ROBIGUEZ Street Address (P.O. Box Number is Not Acceptable) 3333 POINCIANA AVE. Suite, Apt. #, Etc. City COCONWT 610VL	Current Registered Agent State	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.
Name ROBIN RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 3333 Poinciana AVE. Suite, Apt. #, Etc. City Coconut 610ve 9. Pursuant to the provisions of sections 620.1051 and 620. for the purpose of changing its registered office or registe agent. I am familiar with, and accept the obligations of sections 630.1051 and 630. for the purpose of changing its registered office or registe agent. I am familiar with, and accept the obligations of sections 630.1051 and 630. for the purpose of changing its registered office or registered Agent Accepting Appointment)	State 33/33 FL 33/33 192, Florida Statutes, the above-named limited partnership ared agent, or both, in the State of Florida. Such change with the state of Florida. Such change with the state of Florida.	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): \$98.75 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
Name ROBIN RODGUEZ Street Address (P.O. Box Number is Not Acceptable) 3333 PoinciANA AVE. Suite, Apt. #, Etc. City On Pursuant to the provisions of sections 620.1051 and 620. for the purpose of changing its registered office or registe agent. I am lamiliar with, and accept the obligations of sections 620.1051 and 620. For the purpose of changing its registered office or registe agent. I am lamiliar with, and accept the obligations of sections 620.1051 and 620. For the purpose of changing its registered office or registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	State 33/33 192, Florida Statutes, the above-named limited partnership ared agent, or both, in the State of Florida. Such change with 620.192, Florida Statutes. 5 A CORPORATION, LIMITED P BE REGISTERED AND ACTIVE Address of Each General Partner	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. organized or registered under the laws of the State of Florida, submits this statement as authorized by its general partner(s). I hereby accept the appointment of registered DATE ARTNERSHIP OR OTHER BUSINESS ENTITY WITH THIS OFFICE.
Name ROBIN RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable) 3333 POINCIANA AVE. Suite, Apt. #, Etc. City COCONAL 610VL 9. Pursuant to the provisions of sections 620.1051 and 620. for the purpose of changing its registered office or registragent. I am familiar with, and accept the obligations of sections 620.1051 and 620. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS	State 33/33 192, Florida Statutes, the above-named limited partnership ared agent, or both, in the State of Florida. Such change with the state of Florida. Such change with the state of Florida Statutes. 5 A CORPORATION, LIMITED P BE REGISTERED AND ACTIVE Address of Each General Partner (Do NOT Use Post Office Box Numbers)	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. organized or registered under the laws of the State of Florida, submits this statement is authorized by its general partner(s). I hereby accept the appointment of registered DATE ARTNERSHIP OR OTHER BUSINESS ENTITY WITH THIS OFFICE.
Street Address (P.O. Box Number is Not Acceptable) 3333 Poinciana AVE. Suite, Apt. #, Etc. City Coconut 610ve 9. Pursuant to the provisions of sections 620.1051 and 620. for the purpose of changing its registered office or registragent. I am familiar with, and accept the obligations of sections 620.1051 and 620. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST 110. Name(s) of General Partner(s)	State 33/33 192, Florida Statutes, the above-named limited partnership ared agent, or both, in the State of Florida. Such change with the state of Florida. Such change with the state of Florida Statutes. S. A CORPORATION, LIMITED P. BE REGISTERED AND ACTIVE Address of Each General Partner (Do NOT Use Post Office Box Numbers)	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. organized or registered under the laws of the State of Florida, submits this statement as authorized by its general partner(s). I hereby accept the appointment of registered DATE ARTNERSHIP OR OTHER BUSINESS ENTITY WITH THIS OFFICE. City, State and Zip Code 10a. Registration Document Number

CR2E039 (9/01)

11. I do hereby certify that the information supplied with this filling 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

Typed or Printed Name of General Partner Signing Form RABIN RAPRIFICES.

Telephone Number: 305, 529, 118.5.7

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.