B0200000094

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B0200000094

1. Name of Limited Partnership

METRA CROSS POOL 2, LP

9/26/03

4. Date Formed or Registered To Do Business in Florida   March 25, 2002

2. Principal Office Address	3. Mailing Office Address
c/o Third Millennium Group	Same as #2
Suite, Apt. #, etc.	Suite, Apt. #, etc.
7700 COngress Avenue, Ste 3106	
City & State	City & State
Boca Raton, Florida	

Zip	Country	Zip	Country
33487	Palm, Beach		

5. FEI Number   01-0616988   Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐   **$8.75 Additional Fee required for a Certificate of Status**

7a. Capital Contributions as shown on Record: 0

7b. Amount of Capital Contributions in **FLORIDA** to date: 0

8. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

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) _____   Brian Courtney   DATE ____   Asst V Pres

CR2E039 (10/02)

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
Metra Cross Pool 2 GP, LLC	c/o Third Millennium Group 7700 Congress Avenue, Suite 3106	Boca Raton, Florida 33487	M02000000768

REINSTATEMENT 2003
100024212781

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 chapter 620, Florida Statutes.

SIGNATURE _____   DATE October 13, 2003

Typed or Printed Name of General Partner Signing Form   STEPHAN GUEZ

Telephone Number   (561) 995-7955

B02000000094

ACCOUNT NO. : 072100000032

REFERENCE : 287214   7372082

AUTHORIZATION : *Patricia Pizuto*

COST LIMIT : $ 641.25

ORDER DATE : October 28, 2003

ORDER TIME : 9:55 AM

ORDER NO. : 287214-010

CUSTOMER NO: 7372082

CUSTOMER: Simon Mizrachi
The Mid-atlantic Agency
Suite 3106
7700 Congress Avenue
Boca Raton, FL 33487

REINSTATEMENT

NAME: METRA CROSS POOL 2 LP

XX___   REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____   CERTIFIED COPY
XX_____   PLAIN STAMPED COPY
_____   CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____