______October__13, 2003

Telephone Number

(561) 995-7955



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

B02000000095 DOCUMENT #

trustee empowered to execute this report as required by charger 620, Florida Statu

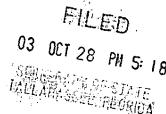
STEPHAN GUEZ

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1. Name of Limited Partnership

METRA PARK AVENUE VILLAS, LP



| · | | | | | | | | |
|---|----------|---|--|---|---|---------------|------------------------------|--|
| 2. Principal Office Address | | 3. Mailing Office Addre | ess | 4. Date Formed or Registered To De Business in Florida March 25, 2002 | | | | |
| c/o Third Millennium | | Same as #2 | | To Do Business in Florida | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Nur | | L | Applied For | |
| 7700 COngress Avenue, Ste 3106 | | | | 01-061 | 6925 | | Not Applicable | |
| City & State | | City & State | | 6. CERTIFIC | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status | | | |
| Boca Raton, Florida | | Zip Country | | 7a. Capital Contributions as shown on Record. | | | | |
| Zip Country | | | | () | | | | |
| 33487 Palm, Beach | | | | 7b. Amount of Capital Contributions in FLORIDA to date: | | | | |
| 8. Name and Address of Current Registered Agent | | | | | 0 | | | |
| Name | | | | | FEES: | | | |
| Corporation Service Company | | | | 1.) Filing Fee | 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. | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street | | | | for <u>each</u> ; | | | | |
| Suite, Apt. #, Etc. | | | | | | | | |
| | | | | | | | | |
| City State Zip Code | | | | 7a, a sup | | | | |
| Tallahassee FL 32301 and appropriate filing fee. | | | | | | | | |
| 9. Pursuant to the provisions of sections 820.1051 and 820.1052. Florida Statutes, the abord-naryed 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 a proposition of 20132. Florida Statutes Brian Courtney Asst. V. Pres. DATE 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 Partne | er(s) | | n General Partner Office Box Numbers) | City, Stat | e and Zip Code | | Registration ument Number | |
| Metra Park Avenue Vi | llas GP, | c/o Third Millennium 7700 Congress Avenue, Suite 3106 | | Boca Raton, | Florida 33487 | M0200000 | 0769 | |
| RE | nstat | EMENT_ | 2003 | з | 000242 | 2843 | 3' | |
| | | <i>I</i> , | ^y n | | <i>J</i> | | | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. | | | | | | | | |

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

ACCOUNT NO. :

072100000032

REFERENCE :

287214

7372082

AUTHORIZATION

COST LIMIT

ORDER DATE :

October 28, 2003

ORDER TIME : 9:56 AM

ORDER NO. : 287214-020

CUSTOMER NO:

7372082

CUSTOMER: Simon Mizrachi

The Mid-atlantic Agency

Suite 3106

7700 Congress Avenue Boca Raton, FL 33487

REINSTATEMENT

NAME:

METRA PARK AVENUE VILLAS, LP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS