LIMITED
PARTNERSHIP
REINSTATEMENT

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المجارية خرجية FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 JAN 30 AM 8: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # BO2 000000125

1. Name of Limited Partnership

Life Fund Partnership, L.P.

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2. Principal Office Address 92 Hartshorn	3. Mailing Office Address 92 Hartshorn Dr.				4. Date Formed or Registered To Do Business in Florida 4/15/2002						
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. FEI Num 22-36	Applied For Not Applicable					
City & State Short Hills, No	City & State Short Hills				CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status						
^{Zip} 07078		7078 Country USA				7a. Capital Contributions as shown on Record: None 7b. Amount of Capital Contributions in FLORIDA to date:					
8. Name and Address of Current Registered Agent						None					
Name Eichler, Philip Street Address (P.O. Box Number is Not Acceptable)					FEES: 1.) Filling 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,						
1225 Breakers Blvd.					for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.						
Suite, Apt. #, Etc.					Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u>						
City West Palm Beach State Zip Code FL 33411						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.					
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)						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 G	eneral Partner(s)		of Each Gen e Post Office	eral Partner Box Numbers)		City, State	e and Zip Code		10a.	Regist Documen	
Philip Eichler		92 Hartshorn Dr.				ort Hills,	N/A				
Carol Eichler	92 Hartshorn Dr.				ort Hills, NJ_07078N/A						
Joel Eichler					ort Hills,	N/A					
_Marc.Eichler	· · · · · · · · · · · · · · · · · · ·	47.Westview.Rd.				ort-Hills, NJ_07078N/A					
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CR2E039 (10/02)

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

Telephone Number <u>473</u>

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3 MINNEAKONING ROAD SECRETARY OF STATIP O. BOX 415 TALLAHASSEEL FMORTON, NJ 08822

> PHONE: (908) 782-3021 FAX: (908) 788-9656

> > WWW.AMPER.COM

NEW YORK, NEW YORK (212) 682-1600

EDISON, NEW JERSEY (732) 287-1000

PRINCETON, NEW JERSEY (609) 897-0200

ROCHELLE PARK, NEW JERSEY (201) 712-0700

WALL, NEW JERSEY (732) 919-1400

> Florida Department of State Division of Corporations Attn: Partnership Section P.O. Box 6327 Tallahassee, FL 32314

October 21, 2003

Re: Life Fund Partnership, L.P.
Revocation Document No. B02000000125

Dear Sir or Madam:

We were contacted by our client, the above taxpayer, regarding a notice of revocation dated October 3, 2003 (copy attached).

Our client advises us that they never received these forms, nor do they recall filing them in the past. To remedy this, we have enclosed the Limited Partnership Reinstatement, including remittance of \$141.25, which represents the filing fee of \$52.50 and the supplemental fee of \$88.75. This fee was verified by telephone by Carol Eichler, a general partner, on October 15, 2003. We respectfully request any additional penalty be waived under these circumstances.

We are also enclosing a Certificate of Amendment to the Application for Registration to reflect a change in a general partner. We are enclosing a separate filing fee of \$52.50 with this certificate.

We understand that these filings should reinstate the limited partnership in Florida. For inquiries and notification of acknowledgements, please contact Philip Eichler at (973) 751-6060 or by mail at 92 Hartshorn Dr., Short Hills, NJ 07078.

Very truly yours,

AMPER, POLITZINER & MATTIA, P.C.

ack F. Meola, CPA

JFM:mc Encs.

cc: Philip N. Eichler

