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PLEASE READ ALL ASTRUCTION BETWEET COMPLETING THIS FORM.				
LIMITED PARTNERSHIP REINSTATEMENT	FIDE DA DAPAL MENT COST. Katherine Harris Secretary of State DIVISION OF CORPORATIONS	02 JAN	LED	
DOCUMENT# B9200000260 1. Name of Limited Partnership Goldman, Sachs & Co. Limited		SECRETARY TALLAHASSE	O2 JAN -7 FM 2: 32 SECRETARY DE STATE TALLAHASSEE, FLORIDA	
2. Principal Office Address 85 Bhoap Stheet Suite, Apt. #, etc.	3. Mailing Office Address 85 Broad Stree Suite, Apt. #, etc. AH JAMES B. MCHU	4. Date Formed or Registered To Do Business in Florida 5. FEI Number	6-2/-93 Applied For Not Applicable	
City & State New YORK New YORK Zip Country 10004 USA	City & State New York NY Zip Country /0004 USA	6. CERTIFICATE OF STATUS DESIRE 7a. Capital Contributions as show 0,00 7b. Amount of Capital Contributior	n on Record:	
8. Name and Address of Current Registered Agent Name T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island ROAD Suite, Apt. #, Etc.		1.) Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of 5 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for ear with 1992 calendar year. 3.) Penalty Feels): \$500 penalty fee for	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.	
Planta from State Zip Code 33324 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 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 0107102				
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	
The GOLDMAN SACHS Group, INC	85 Brons Street	10004	P99000002246	
The Goloman, Sachst Co. L. L.C., ADM - 1000.0	85 Brond Street	New YORK NY 200004- 	M97.0.000000249 23332-7 2501061-005 50 ***1282.50	
Arcyp 177.50 FATEMENT 2001 2002 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 filling is voluntarily furnished and does not quality 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 empowerer to execute this report as required by chapter 620. Florida Statutes.				
SIGNATURE SIGNATURE SIGNING FORM SACAL GOOD, INC. Speed or Printed Name of General Partner Signing Form JAMES ACHLE MODE, SEE Telephone Number 2/2-102-7559				
172 IMMSKI CT System Online				