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PLEASE READ

2001 LIMITED **PARTNERSHIP** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # B 9700000518

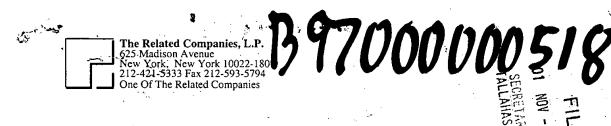
1. Name of Limited Partnership

PARTMENT OF STATE herine Harris retary of State

SEGRETARY OF STATE

IAULAHASSEE, FLORIDA

	,	nership, L.P.						
2. Principal Office Addre	ess ·	3. Mailing Office Address			A Data Formed or Registered			-
· ·	Benjamin	ATTN: Lesley Benjamin			Date Formed or Registered To Do Business in Florida 9/29/97			
Suite, Apt ptc. The	Related mare	Suite Ant Clar Whe Eclated			5. FEI Number		Applied Fo	ot.
625 Madison A	venue Z.P	625 Madison A	venue	nies O	13-3967879		Not Applic	able
City & State		City & State			6. CERTIFICATE OF STATUS DESIRED		Additional Fee re-	
New York, NY		New York, NY				tor	a Certificate of Sta	itus
Zip	Country	Zip	Country		7a. Capital Contributions as shown o	n Record:		
10022	USA	10022	USA	ì	\$1.00 7b. Amount of Capital Contributions is	- FI 60ID4		-
	B. Name and Address of	Current Registered Agen	1t		\$1.00	n FLORIDA	to date:	
Name					FEE!	2.		
	n Service Comp	any			1.) Filing Fee(s): Computed at a rate of	\$7 per \$1,00	00 on amount enter	ed
Street Address (P.O. Box 1201 Hays Str	Number is Not Acceptable)				in 7b, with a minimum filing fee of \$5 for <u>each year due</u> this office.			
Suite, Apt. #, Etc.					 Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 	h <u>year due</u> 1	this office, beginnin	g
					Penalty Fee(s): \$500 penalty fee for some Note: If the amount entered in 7b is some series.			
City		State	Zip Code 32301		7a, a supplemental affidavit must be and appropriate filing fee.	submitted a	long with a separat	θ .
Tallahassee		FL						┩╸
for the purpose of chan	ging its registered office or register	red agent, or both, in the State	of Florida. Such change w	p organi; vas auth	zed or registered under the laws of the State orized by its general partner(s), I hereby acco	of Florida, su apt the appo	ubmits this statement intment of registered	00 /6)
agent. I am familiar with	and accept the obligations of sec	tion 620.192, Florida Statutes.	. 0		Laura R. Dunlap	1	,	8
SIGNATURE (Registered Agent Accepting Appointment)					Laula IV Davide		0/0/	Ê
SIGNATURE (Registered Age	ent Accepting Appointment)	auna Rid	Oin		as its agent DATE	<u> </u>	<u> 1/0(</u>	CRZE039 (9/00)
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A GENERAL	PARTNER THAT IS		D AND ACTIV	PAR	as its agent DATE	/ / / BUSIN 10a.	Pegistration Document Numbe	rY
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A GENERAL	PARTNER THAT IS MUST	BE REGISTERE Address of Each	D AND ACTIV	PAR	as its agent DATE TNERSHIP OR OTHER ITH THIS OFFICE.		Registration	rY
A GENERAL	PARTNER THAT IS MUST	Address of Each (Do NOT Use Post O	General Partner Office Box Numbers)	PAR E W	as its agent DATE TNERSHIP OR OTHER ITH THIS OFFICE.	10a.	Registration	rY
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November 6th, 2001

Department of State Division of Corporations POB 6327 Tallahassee, FL 32314

Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Siricerely/yours,

Lesley Benjamin, Esq.