

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B9800000327

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B98000000327

1. Name of Limited Partnership

Roan-Meyers Associates, L.P.

2. Principal Office Address
45 Broadway

Suite, Apt. #, etc.
2nd Floor

City & State
New York

Zip
10006

Country
USA

3. Mailing Office Address
45 Broadway

Suite, Apt. #, etc.
2nd Floor

City & State
New York

Zip
10006

Country
USA

4. Date Formed or Registered
To Do Business in Florida 5-27-98

5. FEI Number
13-3720227

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:
\$65,000.00

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

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.

8. Name and Address of Current Registered Agent

Name
National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable)
103 N. Meridian Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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)

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 Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Meyers-Janssen Securities Corp.	45 Broadway, 2nd Fl.	New York, NY 10006	F98000002991

REINSTATEMENT 2002-2003

BK

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 August 5, 2003

Typed or Printed Name of General Partner Signing Form Bruce Meyers, President

Telephone Number 212-742-4200

CR2E039 (10/02)