## LIMITED **PARTNERSHIP** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

Г	$\cap$	CI	IM	ENI	T #	B98000	000327

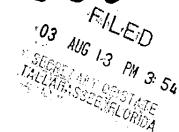
trustee empowered to execute this report as

Typed or Printed Name of General Partner Signing Form

SIGNATURE \_

1. Name of Limited Partnership

Roan-Mevers Associates, L.P.



		2 <b>00022406362</b> 08/19/0301020004 **1282.50									
2. Principal Office Addre	200										
45 Broadwa		3. Mailing Office Address 4 45 Broadway			4. Date Formed or Registered To Do Business in Florida 5-27-98						
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. 2nd Floor			5. FEI Number         Applied For           13-3720227         Not Applicable						
City & State New York		City & State New York			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status						
Zip 10006	Country USA	Zip 10006 Country USA			7a. Capital Contributions as shown on Record: \$65,000.00						
	8. Name and Address of	Current Registered Age	Stered Agent			<b>7b.</b> Amount of Capital Contributions in FLORIDA to date: -0 -					
Street Address (P.O. Box	k Number is Not Acceptable) Meridian Stree	t State 32301			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 <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.  3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> 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.						
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.											
<b>10.</b> Name(s) of G	eneral Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code		10a.	Registration Document Number			
Meyers-Jans Corp.	sen Securities	45 Broadwa	y, 2nd Fl.		York,			0002991			
*			TATEN	EN	11 2 B)	<u>002-</u> 2	603				
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.											
11. Ido hereby certify that the information supplied with this filling 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 jub my significance 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 rehurbed. Statutes.											

uce Meyers, President

nature 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 chapter 620, Florida Statutes.

August 5, 2003

212-742-4200