


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -4 AM 9:26

DOCUMENT # F05000006880 1. Entity Name AMERICAN CAPITAL PARTNERS LIMITED, INC.					
Principal Place of Business 319 CLEMATIS STREET SUITE 211 WEST PALM BEACH, FL 33401			Mailing Address 319 CLEMATIS STREET SUITE 211 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 88-0440536	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMAS, JOSEPH I 1224 WASHINGTON AVENUE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name J. ANDREW FINE Street Address (P.O. Box Number is Not Acceptable) 301 CLEMATIS ST SUITE 3000 City WEST PALM BEACH FL Zip Code 33401	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>J. ANDREW FINE</u> 4/2/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SPEIGHT, FRANK 319 CLEMATIS STREET STE 211 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700122294347 04/04/08--01047--001 **908.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLIS, TIM 319 CLEMATIS STREET STE 211 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOSEPH KUMP 319 CLEMATIS ST, STE 211 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08 B4/08/08	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD SCHWARTZ 319 CLEMATIS ST, STE 211 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.