

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



LIMITED

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 30 PM 1:16

DOCUMENT # L01000018559

1. Name of Limited Partnership

F & J Real Estate LLC

2. Principal Office Address

1390 Brickell Avenue

3. Mailing Office Address

1390 Brickell Avenue

4. Date Formed or Registered  
To Do Business in Florida

10/26/2001

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

5. FEI Number

65-1154688

Applied For

Not Applicable

City & State

Miami, Florida

City & State

Miami, Florida

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

33131

Country

US

Zip

33131

Country

US

8. Name and Address of Current Registered Agent

Name

Alvaro Castillo:B., P.A.

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

1390 Brickell Avenue

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

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.

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10/30/03--01012--011 \*\*200.00

SIGNATURE (Registered Agent Accepting Appointment)

10.	City, State and Zip Code	10a. Registration Document Number
<p>Mgr Barbieri, Maria Virginia</p> <p>Mgr Alvaro Castillo B.</p>	<p>1390 Brickell Ave. #200 Miami, Florida 33131</p> <p>1390 Brickell Ave., #200 Miami, Florida 33131</p>	<p>L01000018559</p> <p>L01000018559</p>

REINSTATEMENT

03  
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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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Alvaro Castillo Secretary Assistant

DATE 10-27-03

Typed or Printed Name of

Alvaro Castillo

Telephone Number (305) 371-5540