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(Corporation Name)	(Document #)		
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OTHER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report	Foreign .		
Fictitious Name	Limited Partnership		
	Reinstatement		
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CR2E031(7/97)

Examiner's Initials

y is:
ne principal office of the Limited Liability Company is:
Mailing Address:
8932 SW 129 TERRACE
MIAMI, FL 33176
ame
29 STREET
et address (P.O. Box NOT acceptable)
FL
ate, and Zip
d to accept service of process for the above stated limited t in this certificate, I hereby accept the appointment as

(CONTINUED)