2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000068680

Entity Name: PARTNERSHIP MANAGEMENT SERVICES, INC.

FILED Mar 18, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 3147

PALM BEACH, FL 33480

Current Mailing Address: New Mailing Address:

PO BOX 3147

PALM BEACH, FL 33480

FEI Number: 65-0592949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US W. LAWRENCE LENEVE 350 SOUTH COUNTY RD 201 PALM BEACH, FL 33460 US

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.

SIGNATURE: W. LAWRENCE LENEVE 03/18/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition

 Name:
 WELLS, GENIUS
 Name:
 LENEVE, W. LAWRENCE

 Address:
 350 S. COUNTY RD., SUITE 201
 Address:
 350 S. COUNTY RD., SUITE 201

City-St-Zip: PALM BEACH, FL City-St-Zip: PALM BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. LAWRENCE LENEVE PRES 03/18/2005