LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001452

1. Entity Name
SC-ABACOA PLAZA Associates, Ltd.
One N. Clematis St. - Ste. 305
West Palm Beach, FL 33401

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One North Clematis St.	One N. Clematis St.
Suite, Apt. #, etc. Suite 305	Suite, Apt. #, etc. Suite 305
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401 Country USA	Zip 33401 Country USA

DUE BY MAY 1

4. FEI Number 94-3414881 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Brian D. Kasoy

Street Address (P.O. Box Number is Not Acceptable): One N. Clematis St. Suite 305

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$ 450,000.00	$ 450,000	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #		STREET ADDRESS	
NAME	SC ABACOA G.P., INC.	CITY-ST-ZIP	900005328199--5
STREET ADDRESS	One North Clematis St. Suite 305		04/24/02 01011 006
CITY-ST-ZIP	West Palm Beach, FL 33401	STREET ADDRESS	****535.00 ****535.00
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STAPLE CHECK HERE

CR2E003B (12/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SC ABACOA G.P., INC., General Partner

SIGNATURE: By: _____ Brian D. Kasoy, President 4-12-02 561-835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #