



FILED
Apr 23, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|-------------------------|---|--|---|--|
| DOCUMENT # A94000001621 | |  | | Secretary of State | |
| 1. Entity Name PAVILION, LTD. | | | | | |
| Principal Place of Business 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 | | Mailing Address 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01192004 Chg-LP CR2E003 (10/03) | |
| City & State | | City & State | | 4. FEI Number 65-0540538 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| AMERA PROPERTIES, INC. 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | | |
| | | | | City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$7,500.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | | |
| 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 | | | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | 624912 | | | STREET ADDRESS | |
| NAME | AMERA PROPERTIES, INC. | | | CITY-ST-ZIP | |
| STREET ADDRESS | 2900 UNIVERSITY DRIVE | | | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33065 | | | | |
| DOCUMENT # | | | | STREET ADDRESS | |
| NAME | | | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 | | | | | |
| Amara Properties, Inc. | | | | George Rahael | |
| SIGNATURE: _____ | | | | President | |
| | | | | 4/16/04 | |
| | | | | 954-753-9500 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | <small>Date Daytime Phone #</small> | |