A98000000699

Florida Department of State
Division of Corporations
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01 FEB 20 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)922-4003

From:
Account Name : TURNBERRY ASSOCIATES
Account Number : I19990000201
Phone : (305)933-5505
Fax Number : (305)933-5535

AL

RECEIVED
01 FEB 20 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

TURNBERRY AVENTURA MALL COMPANY, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,291.25

397 AF

DOCUMENT # A98000000699

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FILED
01 FEB 20 AM 10:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TURNBERRY AVENTURA MALL COMPANY, LTD.

Principal Place of Business
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA FL 33180

Mailing Address
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA FL 33180-2342

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2162672 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

BERNSTEIN, KENNETH
19501 BISCAYNE BOULEVARD, SUITE 400
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $250,000.00

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.

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 #	P98000024439	STREET ADDRESS	
NAME	TAMCO, INC.	CITY-ST-ZIP	
STREET ADDRESS	19501 BISCAYNE BOULEVARD, SUITE 400		
CITY-ST-ZIP	AVENTURA FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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)(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

SIGNATURE: SIGNATURE REQUIRED 2/15/01 (305)937-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

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CR2E003 (9/99)