2000 UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130 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 Florids. SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE, Registered Agent signature required when reinstaling) 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT A APBRONDOSUS CAYNE BLVD., SUITE 215 NORTH MIAMI FL 33181 STREET ADDRESS CITY-ST-ZP NORTH MIAMI FL 33181						<u> </u>
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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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certification in the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certification in the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certification in the exemption stated in Section 119.07(3)(iiii), Florida Statutes. I further certification in the exemption stated in Section 119.07(3)(iiiii), Florida Statutes. I further certification in the exemption stated	NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS	