2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

					_		
DOCUMENT # A9900000273 1. Entity Name					FILED		
PELAYO INVESTMENT COMPANY, LTD.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address 1110 CORAL WAY 1110 CORAL WAY CORAL GABLES FL 33134 CORAL GABLES FL 33134-4				· · · · · · · · · · · · · · · · · · ·	00 MAY -3 PM 1: 33		
COUNTY CARRIES TO 33134							
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
DELAVO	PEL 1400 100F 4				Name		
PELAYO, JOSE A 1110 CORAL WAY				Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134							
				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	Land title if applicable (NOTE	: Begistere	d Agent signature require	d when reinstature) DATE		
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		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS NOTE: General Partners MAY NOT be changed on the form; an amendment				TERED AND ACTIVE WITH THIS OFFICE.			
12.	GENERAL PARTNE		13.	i, an amenume	ADDRESS CHANGES ONLY		
DOCUMENT#	P9900007832 PELAYO MANAGEMENT, INC.		STR	EET ADDRESS			
STREET ADDRESS . CITY-ST-ZIP	1110 CORAL WAY CORAL GABLES FL 33134		СПУ	-ST-ZIP			
DOCUMENT# NAME			STR	EET ADORESS	-06/13/0001078015 ****141.08 ****141.00		
STREET ADORESS CITY-ST-ZIP	s		CITY	-ST-ZIP	*****141.00 *****141.00		
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STREET ADDRESS CITY-ST-ZIP	ESS			-ST-ZIP			
DOCUMENT#	RÉT ADDRESS (SCALO)			EET ADORESS			
STREET ADDRESS CITY - ST - ZIP				-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 319.07(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							