APPLICATION FOR FLORIDA DEPARTMENT OF STATE ~REINSTATEMENT Sandra B. Mortham FILED Secretary of State DIVISION OF CORPORATIONS 98 MMY -5 PM 2:05 SEGRETARY OF STATE TALLAHASSEE, FLORIDA APARTMENTS, LTD. BYRONAIR DO NOT WRITE IN THIS SPACE 2. Mailing Address
1882 BRICKELL AVE 3. Principal Office Address Date Formed or Registered To Do Business in Florida APRIL Suite, Apt. #. etc 5. FEI Number Applied For City & State
MIAMI Not Applicable City & State FLORIDA for a Certificate of Strike. 33129 7. State or Country of Formation FLORIDA 8a. Capital Contributions as Shown on Record FEES:1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of # 200,000 \$437.50, for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year 8b. Amount of Capital Contributions in FLORIDA to date Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and # 200,000 # SAME 9. Name and Address of Current Registered Agent 10. If changed, new registered agent/office EDUARDO FERNANDEZ FIF \$ 42L 1882 BRICKELL AVE. Street Address (P.O. Box Number Is Not Acceptable) Miami, FL 33129 Suite, Apt. #, etc City Zip Code 10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s), I hereby accept the appointment of registered agent I am familiar with, and accopt the obligations of section 620 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11. Registration Names of General Partner(s) City, State and Zip Code Document Number 1882 BRICKELL AVE. LA FRONTERA INVESTMENTS

Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.

12. I denote by certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information indicated on the compliance with Section 119.07(3)(k) in the event that the information indicated on the compliance with the informa

As President

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

rped or Printed Name of General Parties Signing Form EDVARDO FERNANDEZ

SIGNATURE

Telephone Number (305) 856-2750

APPLICATION FOR FLORIDA DEPARTMENT OF STATE BEINSTATEMENT Sandra B. Mortham FOR T Secretare of State LIMITED PARTNERSHIP DOCUMENT # 1. Name of Limited Pertnership APARTMENTS, LTD. BYRONAIR DO NOT WRITE IN THIS SPACE. 2, Milling Arkfross
1882 BRICKELL AVE 3. Principal Office Address 4. Date Formed or Registered To Do Business in Florida APRIL / 93 42 Same Suite, Apt. II. etc. 5. FEI Number Suite. Apt. #, etc. Applied For 650421227 MIAMI City & State Not Applicable FLORIDA 6. CERTIFICATE OF STATUS DESIRED 🗹 Country Zio Country 33129 **()** . **S** . 7. State or Country of Formation FLORIBA 8a. Capital Contributions as Shown on Record FEES:1) \$ 200,000 an Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 8b. Amount of Capital Contributions in Penalty Foe(s): \$500 penalty fee for each year report form is delinquent. # 200,000 th If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and SAME appropriate filing fee. 9. Name and Address of Current Registered Agent 10. If changed, new registered agent/office EDUARDO FERNANDEZ 1882 BRICKELL AVE. Street Address (P.O. Box Number Is Not Acceptable) Mrami, FL 331291 Suite, Apt. #. etc. Zip Code Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent 1 am familiar with, and accept the obligations of segion 829 392, Florida Statistics. EDUARDO FERNANDEZ DATE SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT-IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE, Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration 11. Names of General Partner(s) City, State and Zip Code 11a. Docum 1882 BRICHELL AVE. LA FRONTERA INVESTMENTS MIAMI, FL FEIN: 65.0419174 33129 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

Tionaral Parker Signing Form EDUARDU FERNANDEZ

LA FRONTERA INJESTMENTS, INC.

CITARINI PURTARE

Az President

12, I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of

empowered to execute the report as required by chapter 620, Florida Statules.

SIGNATURE

Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is decimed exempt from public access. I (urther certify that the information indicated on this annual report is true and accurate pand that my signature shall have the same tegal effects as if made under path, I further certify that I am a General Partner of the limited partnership, receiver or truelec



TO:

Brenda Tadlock

Supervisor.

Florida Department of State Division of Corporations

FROM:

Eduardo Fernandez

Byronair Apts. Ltd.

DATE:

April 28, 1998

REF:

Byronair Apts., Ltd.

Please be advised that I did not receive any information at the correct address. Please make sure the correct address is in your files.

1882 Brickell Ave. Miami, Fl. 33129

If you have any further questions, please contact me at 305-891-6647 daytime / 305-856-2750 evening.

Thank you.

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