2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 APR 29 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000036 AF

DOCUMENT # L99000002960

1. Entity Name
PALM BEACH PARK OF COMMERCE, LLC

Principal Place of Business	Mailing Address
1717 NORTH BAYSHORE DRIVE, SUITE 114 MIAMI FL 33132	1717 NORTH BAYSHORE DRIVE, SUITE 114 MIAMI FL 33132-1196

DO NOT WRITE IN THIS SPACE

MNM

2. Principal Place of Business	3. Mailing Address
1717 North Bayshore	1717 North Bayshore
Suite, Apt. #, etc.: Suite 208	Suite, Apt. #, etc.: Suite 208
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33132 Country: USA	Zip: 33132 Country: USA

4. FEI Number: 65-0932292 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
S & K PROPERTY MANAGEMENT, INC. 1717 NORTH BAYSHORE DR., SUITE 114 MIAMI FL 33132	Name: S & K Property Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 1717 North Bayshore Drive, Suite 208 Miami, Florida 33132 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: Lidia Cartaya 4/27/00 Lidia Cartaya, Vice President

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM U.S.A. FUND MIAMI CORPORATION 2300 CORAL WAY, SUITE 200 MIAMI FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM U.S.A. FUND MIAMI CORPORATION 1717 North Bayshore Dr., Suite 208 Miami, FL 33132	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900003251219- -7 -05/12/00--01121--012 ******5.00 ******5.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900003251219- -7 -05/12/00--01121--013 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED Vice President 4/27/00 305-577-3885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #