CR2E003 (11/00)

DOCUM 1. Entity Name	ENT# A9900	0000536		J"					
INDIGO HIL1	TON LIMITED PARTNERSHIP, .		ويسسن	,	FILE	ED	1		
Principal Place of	of Business	Mailing Address			01 JUN 20	AM 10: 55			
777 41ST ₁ STREET MIAMI BEACH FL		777 41ST STREET. MIAMI BEACH FL 3			SECRETARY TALLAHASSE		ļ		
2. Principal Place	e of Business	3. Mailing Address	3			ITIO IBILA FOLLI OTILI II	liki ob ak eb ek bi		I de Hikk e b ikk k ed i
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Numbe	65-090	984	7 F	Applied For
Zip	Country	Zip	Count	try	5. Certificate	of Status Desired			Additional
	6. Name and Address of Current I	Registered Agent		Name	7. Name and	Address of New			
GROSS, PHILIP							-		
•	reet, 4th floor			Street Addi	ess (P.O. Box Numbe	r is Not Acceptab			
MIAMI BEACH	1 FL 33140		ļ	,					
								1 7in (Code
3. The above nar	med entity submits this statement for	r the purpose of chang	ging its registere	City ed office or reg	gisterød agent, or bot	h, in the State of F	FL lorida.	2.10 (
SIGNATURE	med entity submits this statement for	and title if applicable.	(NOTE: Registered	ed office or reg	gistered agent, or bot , equired when reinstating)		lorida.		
SIGNATURE	nature, typed or printed name of registered agent a buttions , e 2 000 000 00	and title if applicable. 10. Amount of		ed office or reg	,	11. MAKE CHE	lorida.	TO DEPT	. OF STATE
SIGNATURE Sign 9. Capital Contril	nature, typed or printed name of registered agent a buttons record. \$2,000,000.00	10. Amount of in FLORID	(NOTE: Registered of Capital Contrib DA to date. SS ENTITY MI	ed office or reg	equired when reinstating) GISTERED AND A	11. MAKE CHE SEE REVEI	DATE CK PAYABLE RSE SIDE FOI	TO DEPT	. OF STATE
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Date

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