FILED SECRETARY OF STATE DIVISION OF CORPORATIONS



|  |                   |   | OCO WE U                | 03 APR 18 PF   | 1 3: 05                           |  |
|--|-------------------|---|-------------------------|--|-----------------------------------|--|
| Principal Place of Business<br>420 LINCOLN ROAD. PENTHOUSE<br>MIAMI BEACH FL 33139 |                   | Mailing Address<br>PO BOX 191768<br>MIAMI FL 33119-1768 |                         |  |                                   |  |
| 2. Principal Place of Business 420 Lincoln Road                                    |                   | 3. Mailing Address                                      |                         |  |                                   |  |
| Suite, Apt. #, etc.  |                   | Suite, Apt. #, etc.                                     |                         | DUE BY MAY 1, 2  | 003                               |  |
| Suite 443 City & State Miami Beach, FL   |                   | City & State  |                         | 4. FEI Number 65-0734680   | Applied For Not Applicable        |  |
| Zip<br>33139   | Country<br>Dade   | Zip_  | Country                 | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |  |
| 6. Name and Address of Current Registered Agent                                    |                   |   |                         | 7. Name and Address of New Registered  | Agent                             |  |
| PLC INVESTMENTS, INC. 420 LINCOLN ROAD, PENTHOUSE (1)                              |                   |   | P1<br>Street Addr<br>42 | Name Plc Investments, Inc. Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Road, Suite, 443 |                                   |  |
|  |                   |   | City M1                 | ami Beach.   | Zip Code<br>33139                 |  |
| the obligations of re  |                   |   |                         | pistered agent, or both, in the State of Florida. I am   | familiar with, and accept         |  |
| 9. Capital Contribution as Shown on record   | ns \$2,000,000,00 | Amount of Capital Contributions in FLORIDA to date.     |                         | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE REVERSE SIDE FOR FEE INFORMATION                       |                                   |  |
| NC   |                   |   |                         | GISTERED AND ACTIVE WITH THIS OFFIC<br>ment must be filed to change a general pa                           |                                   |  |
| 12.  | GENERAL PARTNE    | RINFORMATION  | 13.                     | ADDRESS CHANGES OF   | VLY                               |  |

| 12.                           | GENERAL PARTNER INFORMATION                         | 13. ADDRESS CHANGES ONLY |  |
|-------------------------------|---|--------------------------|--|
| DOCUMENT # -                  | P97000004978<br>666 BISCAYNE BOULEVARD, INC.        | STREET ADDRESS           | 420 Lincoln Road, Suite 443                |
| STREET ADORESS<br>CITY-ST-ZIP | 420 LINCOLN ROAD, PENTHOUSE<br>MIAMI BEACH FL 33139 | CITY-ST-ZIP              | Miami Beach, FL 33139                      |
| DOCUMENT #<br>NAME            |   | STREET ADDRESS           |  |
| STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME            |   | STREET ADDRESS           | 300016230543<br>04/18/0301008007 **526, 25 |
| STREET ADDRESS CITY-ST-ZIP    |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME            |   | STREET ADDRESS           |  |
| STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              |  |
| DOCUMENT #                    |   | STREET ADDRESS           | ·  |
| STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              |  |
| DOCUMENT #<br>NAME            | •   | STREET ADDRESS           | <u> </u>                                   |
| STREET ADDRESS<br>CITY-ST-ZIP |   | CITY-ST-ZIP              |  |

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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if roade 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 606 Biscayne Boulevard, Ltd., by 666

ts General Partner, by: Hilda C. Montero, Secretary Biscayne Boulevard, Inc., Its

SIGNATURE/

305-531-5220

Daytime Phone #