~~LIMITED~~ PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 00000000798

1. Entity Name

TECHNOLOGY CENTER OF THE AMERICAS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY 13 AM 8:21

5/28

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2601 S BAYSHORE DR	2601 S BAYSHORE DR
Suite, Apt. #, etc. 9TH FLOOR	Suite, Apt. #, etc. 9TH FLOOR
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33133 Country USA	Zip 33133 Country USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 65-0103123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: INTRASTATE REGISTERED AGENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVE. SUITE 3000

City: MIAMI FL Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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
$14,985,990.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P 00000048317
NAME	TECHNOLOGY CENTER OF THE AMERICAS, INC.
STREET ADDRESS	2601 S BAYSHORE DR, 9TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33133
DOCUMENT #	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	200005638592--3 -05/30/02--01005--021 ****437.50 ****437.50
STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
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CR2E003B (12/01)

STAPLE CHECK HERE

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 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.

SIGNATURE: [signature] ROBERT D SICUTA, ASSISTANT SECRETARY TECHNOLOGY CENTER OF THE AMERICAS, INC. 4/1/02 305-856-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #