2001 UNIFORM BUSINESS REPORT (UBR)

A00000001088

FILED
01 FEB 20 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001088

1. Entity Name
CLINTON LAGO, LTD.

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
3225 Aviation Avenue	Same as #2
Suite, Apt. #, etc. Suite #700	Suite, Apt. #, etc.
City & State Coconut Grove, FL	City & State
Zip 33133 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2889948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Shamira Klein, Esq BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A. 100 S.E. Second Street, Suite 3500 Miami, FL 33131-2130	Name: REGISTERED AGENTS OF FLORIDA, L.L.C. Street Address (P.O. Box Number is Not Acceptable): 100 Southeast Second Street Suite 3500 City: Miami FL Zip Code: 33131-2130

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: [signature] V.P. 2/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
0.00	[redacted]

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000065630	STREET ADDRESS	
NAME	Clinton Lago Associates, Inc.	CITY-ST-ZIP	
STREET ADDRESS	3225 Aviation Ave., #700		
CITY-ST-ZIP	Coconut Grove, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200003768562--3
NAME			02/26/01--01137--013
STREET ADDRESS		CITY-ST-ZIP	****150.00 ****150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME	BKL2 24		
STREET ADDRESS		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 made under oath; that I am a General Partner of the limited partnership, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] Randy Rieger 02/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING GENERAL PARTNER Date Daytime Phone #

VG