SIGNATURE:

SUAREZ-MURIAS FAMILY PARTNERSHIP, LTD.  O2 HAY 15 PM 1: 39  Principal Place of Business  Mailing Address  275 HARBOR DRIVE  KEY BISCAYNE FL 33149  Mailing Address  SECRETARY OF STATE TALLAHASSEE, FLORIDA  **  **  **  **  **  **  **  **  **	2002	COM	FURNI BU	31146	33 NEFU		(ODN)		•				
### Address Of Business	DOCUMENT# 4 A0000001447  1. Entity Name								FILED				
2. Perceptil Place of Business  Suite. Apt #, etc.  Suite. Apt #, etc.  Suite. Apt #, etc.  Due BY MAY 1, 2002  City & State  Surrey  S. Certificate of Status Desired  Five Regulared  Five Regulared Agent  Name  Surrey  Surrey  Surrey  See Address of Current Registered Agent  Name  Surrey  Surrey  Surrey  State Address of New Registered Agent  City  FL Zo Code  Signature hard owners and Address of New Registered Agent  City  FL Zo Code  City  FL Zo Code  Screen Address (P.O. Box Number is Not Acceptable)  City  FL Zo Code  City  FL Zo Code  City  FL Zo Code  Signature hard owners and Address of New Registered Agent  City  FL Zo Code  City  FL Zo Code	SUAREZ-MURIAS FAMILY PARTNERSHIP, LTD.								02 HAY 15	PM 1:3	9		
Suite, Apt. #, etc.  City & State  City & St	275 HARBOR DRIVE				275 HARBOR DRIVE KEY BISCAYNE FL 33149			_	SECRETARY OF STATALLAHASSEE, FLOR		îĒ DA ,≠		
City & State  Ci													
Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Repaired  S. Name and Address of Current Registered Agent  SUAREZ-MURIAS, JORGE Z75 HARBOR DRIVE KEY BISCAYNE FL 33149  City FL Zip Code  S. 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 Septiment Symbol or product of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Septiment Symbol or product of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Septiment Symbol or product of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Septiment Symbol or product of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Septiment Symbol or product of the State of Florida.  SIGNATURE Septiment Symbol or product of the State of Florida.  AGENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  YOUR OF THE HARDESS SIDE FOR RE INFORMATION  13. ADDRESS CHANGES ONLY  SIRET ADDRESS  ONLY ST. 2P  ONL	Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				DUE BY MAY 1, 2002				
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SUAREZ-MURIAS, JORGE 275 HARBOR DRIVE  KEY BISCAYNE FL 33149  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  9. Capital Contributions as Shown on record.  AGENERAL PARTHER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE THIS FOR FIG. BURIORMATION  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. SAUREZ-MURIAS, JORGE 275 HARBOR DRIVE  KEY BISCAYNE FL 33149  SIREET ADDRESS  CITY-ST-ZIP  COMMENT / MARK  SIREET ADDRESS  CITY-ST-ZIP  COMMENT	City & State			Cit	City & State			4. FEI Number	65 <sub>-</sub> 10/29/7			-	
SUAREZ-MURIAS, JORGE 275 HARBOR DRIVE KEY BISCAYNE FL 33149  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  9. Capital Contributions as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS DEFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOUBLANT / WITH THIS CHANGES ONLY  STREET ADDRESS  275 HARBOR DRIVE KEY BISCAYNE FL 33149  STREET ADDRESS  DITY-S1-2P  TOS-/23-712						Cour	ntry			☐ Fee	Required		
SUAREZ-MURIAS, JORGE 275 HARBOR DRIVE KEY BISCAYNE FL 33149  City FL Zip Code  City		6. Name	and Address of Curre	ent Register	red Agent		Name	- * 7. Name and /	ddress of New R	egistered Age	nt -		
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  9. Capital Contributions as Shown on record.  9. Capital Contributions as Shown on record.  A GENERAL PARTINER THAT IS A BUILDINGS ENTITY MUST BE REGISTERED AND ACTIVE THAT IS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTINER INFORMATION  13. ADDRESS CHANGES ONLY  STREET ADDRESS  275 HARBOD DRIVE  KEY BISCAYNE FL 33149  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP  STREET											• ,		
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9. Capital Contributions as Shown on record.  3. 3. 4. 5. 6. 10. Amount of Capital Contributions?  3. 3. 4. 6. 5. 0. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERS 8 IDE FOR FEE INFORMATION  A GENERAL PARTNER THAT IS A B BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  SAUREZ-MURIAS, JORGE 275 HARBOR DRIVE KEY BISCAYNE FL 33149  CITY-ST-2IP  DOCUMENT / WAVE  STREET ADDRESS  CITY-ST-2IP  DOCUMENT / WAVE  STREET ADDRESS  CITY-ST-2IP  DOCUMENT / WAVE  STREET ADDRESS  CITY-ST-2IP  CITY-ST-2IP  DOCUMENT / WAVE  STREET ADDRESS  CITY-ST-2IP  DOCUMENT / WAVE  STREET ADDRESS  CITY-ST-2IP  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  CITY-ST-2IP  STREET ADDRESS  CITY-ST-2IP  C	S)GNATURE _	Signature typed	or orioted nails of resistered as	Ont and title if an	policable		<del></del>			CATE			
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■ CITY-ST-7IP	NAME								`\			$\dashv$	
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	CITY-ST-ZIP					1					•	$\Box$	

(305) 361-2272\_