	ALL INSTAUC	TIONS BEFO		OMPLETING THIS FO	ė	
LIMITED FLORIDA DEPARTMENT OF STATE PARTNERSHIP Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS			SECRETARY OF STATE OF CORPORATIONS 10 MAR 22 AM 10: 19			
DOCUMENT # A0000001968 1. Name of Limited Partnership CAM Real Properties, LTD.				03/23/1001006012 **500.00 .400170579404 03/23/1001006012 **500.00		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1234 ANDORA AVE. Sqme Suite, Apt. #, etc. Suite, Apt. #, etc.						
City & State	City & State	City & State		4. Date Formed or Registered To Do Business in Florida 2 /9/2000		
Coral Gables, FL	Zip	Country		5. FEI Number 20-0002271 6.	Applied For Not Applicat	ble
33146 USA				CERTIFICATE OF STATUS DESIRED	S8.75 Additional Fee requirements for a Certificate of State	
Name BIC Properties, Inc Street Address (P.O. Box Number is Not Acceptable) 1234 Andora Ave.				7. FEES: Filling Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. A \$500 penalty is due for each year or part thereof the entity's		
Suite, Apt. #, Etc. City Coral Gables State Zip Code 33146				certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.		
9. Pursuant to the provisions of section 620 1810 or 620 1 Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	(RE	GISTERED AGENT MUST	SIGN)	DATE		T
10. Name(s) of General Partner(s)		ch General Partner I Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number	
BIG C Properties Inc	. 1234 An	ndora Ave.	Co	ral Gables FL	P000000869	%
		,		4001705 02/25/10-01043	79404 015 **1008.73	j
Note: General partners MAY NOT t	e changed on the	nis form; an ame	endm	ent must be filed to chan	ge a general partner	
11. I do hereby certify that the information supplied with to Corporations from any liability of non-compliance with on this annual report is true and accurate and that my strustee empowers to exclude this report as required by SIGNATURE	his filling is voluntarily furnish Chapter 119, F.S. in the ever ignature shall have the same	hed and does not qualify to nt that the information supp e legal effects as if made un	r the exe	emptions contained in Chapter 119, Florida semed exempt from public access, i further I further certify that I am a General Partner of	Statutes I release the Division of certify that the information indicates	' .
Typed or Printed Name of General Partner Signing Form	Yaria F	nriquez		DATE Telephone Number 30	5)798-583	_ 3
						-1