A01000000529

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (Profit)

DOCUMENT # A01000000529

1. Entity Name
CEMUSA MIAMI, LTD.

FILED
02 AUG 19 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
103 N. Meridian Street		103 N. Meridian Street	
Suite, Apt. #, etc.: Lower Level		Suite, Apt. #, etc.: Lower Level	
City & State: Tallahassee, Florida		City & State: Tallahassee, Florida	
Zip: 32301	Country: USA	Zip: 32301	Country: USA

DUE BY MAY 1

4. FEI Number — x Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Pam Wolfe - CorpDirect Agents

Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street, Lower Level

City: Tallahassee, FL Zip Code: 32301

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
$100	$100	

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 #	F01000002109	STREET ADDRESS	
NAME	CEMUSA CORPORACION EUROPEA DE MOBILIARIO	CITY-ST-ZIP	BK
STREET ADDRESS	~~Francisco Sanchez 24~~	STREET ADDRESS	300007315942--6
CITY-ST-ZIP	Madrid, Spain	CITY-ST-ZIP	-08/23/02--01058--026 ******1.00 ******1.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS			IN THIS SPACE
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300007315942--6
NAME		CITY-ST-ZIP	-08/23/02--01058--025 ****549.00 ****549.00
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ ERIC DAROTA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #