

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> A01000000529 <b>1. Entity Name</b> CEMUSA MIAMI, LTD.	
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FILED

03 JUN 18 AM 7:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 2119 N.W. 84th Avenue <small>Suite, Apt. #, etc.</small>	<b>3. Mailing Address</b> 2119 N.W. 84th Avenue <small>Suite, Apt. #, etc.</small>	DO NOT WRITE IN THIS SPACE
<b>City &amp; State</b> Miami, Florida	<b>City &amp; State</b> Miami, Florida	<b>4. FEI Number</b> 76-0708905
<b>Zip</b> 33126	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<p style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>	<b>7. Name and Address of Current Registered Agent</b> Name Toulla P. Constantinou Street Address (P.O. Box Number is Not Acceptable) 2119 N.W. 84th Avenue City Miami
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**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE DATE April 16, 2003

<b>9. Capital Contributions as Shown on record.</b> \$100.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$100.00	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	05/06/03-- **
NAME	Cemusa Corporacion Europea de	CITY-ST-ZIP	400018030104
STREET ADDRESS	Mobiliario Urbano, S.A.	CITY-ST-ZIP	05/06/03--01013--001 **52.50
CITY-ST-ZIP	Francisco Sancha 24	STREET ADDRESS	400018030104
CITY-ST-ZIP	28034 Madrid, Spain	CITY-ST-ZIP	05/18/03--01061--001 **88.75
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

**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 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: VICENTE LLORENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003B (12/02)