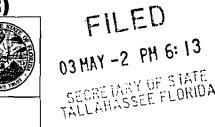
## A01000000887 DOCUMENT #

1. Entity Name COSMA WBP TWO, LTD.

Principal Place of Business 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES FL 33134

Mailing Address 355 ALHAMBRA CIRCLE, SUITE 900 CORAL GABLES FL 33134



MJH

2. Principal Place of Business			3. Mailing Address			*   10016914 1911/ 00101 4101/ 0011/1 0011/1 0011/1 0011/1 0011/1 0011/1 101/1 101/1 101/1 101/1 101/1 101/1 101/1	
Suite, Apt.	#, etc.	- 1.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & Stat	e		City & State			4 FEI Number APPLIED FOR Applied For Not Applicable	
Zip 🔹 Country			Zip Country		try	5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
COBB, KOLLEEN					Name		
•					Street Address (P.O. Box Number is Not Acceptable)		
355 ALHAMBRA CIRCLE, SUITE 900					Olicet Addres	as (1.0. box Number is Not Acceptable)	
CURAL G	ABLES FL 3	33134					
					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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable.  DATE							
9. Capital Contributions as Shown on record.  10. Amount of Capital in FLORIDA to date				A to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 # NAME		/BP TWO, INC.	900		ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		MBRA CIRCLE, SUITE : ABLES FL 33134			-ST-ZIP		
DOCUMENT # NAME	į			STRE	ET ADDRESS	400017863714	
STREET ADDRESS  CITY-ST-ZIP				CITY-ST-ZIP		400017863714 05/02/0301019007 **141.25	
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
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CITY-ST-ZIP	·			CITY-	-ST-ZIP	<u> </u>	
DOCUMENT <b>#</b> NAME				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT #				ство	ET ADDRESS		
NAME				2)KE	ET ADDRESS		
STREET ADDRESS				CITY-	ST-ZIP		
CITY-ST-ZIP			•	<b>I</b> 5,	-		

14. I hereby certify that the information supplied with this filling 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

COL MA NBP TWO INC.

SIGNATURE: