2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

CITY-ST-7IP

14. I hereby certify that the information supplied w

indicated on this rep the receiver or trust

SIGNATURE

FILED May 04, 2004 08:00 AM Secretary of State **DOCUMENT # A01000001543** LOPÉZ-CANTERA HOLDINGS, LTD. Principal Place of Business Mailing Address C/O LINDA LARREA, P.A. C/O LINDA LARREA, P.A. 2300 CORAL WAY, SUITE 111 2300 CORAL WAY, SUITE 111 MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02062004 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 01-0683793 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DADE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145 City Zip Code 8. The above name 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 obttgations of redistered agent. SIGNATURE 🥰 ed or printed name of registered and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$500,000.00 as Shown on record. in FLORIDA to date. 500,000 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 # STREET ADDRESS NAME LOPEZ-CANTERA, CARLOS C STREET ADDRESS 2199 PONCE DE LEON BLVD., SUITE 200 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 DOCUMENT # UC9000159178 STREET ADDRESS NAME 05/10/04-99019-010 526.25 STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZiP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+SI-7IP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS

g does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership ar required by Chapter 620, Florida Statutes