Daytime Phone #

## **2003 LIMITED PARTNERSHIP**

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A0200001119  1. Entity Name TRG OCEAN THREE, LTD.					FILED - 2003 APR 21 PM 2:	FILED - 2003 APR 21 PM 2: 33	
Principal Place of Business 2828 CORAL WAY, PH 5 MIAMI FL 33143		Mailing Address 2828 CORAL WAY, PH 5 MIAMI FL 33143			DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address		- I LODIODI 1911 GONIO 1901; DOINI DOINI BONI BONI BONI HORIN 1969 HEBE HORE 1911 IBEL I		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	DUE BY MAY 1, 2003		
City & State		City & State			106-1650544	Applied For Not Applicable	
Žip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	· ·		7. Name and Address of New Registered Agen	it	
LICONAND	NEZ ANCEL			Name		,	
HERNANDEZ, ANGEL 2828 CORAL WAY, PH 5 MIAMI FL 33143				Street Address (P.O. Box Number is Not Acceptable)			
•				City	y FL Zip Code		
	named entity submits this statement follows of registered agent.	or the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida. I am famili	ar with, and accept	
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 Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
					FERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner	<u>.</u>	
12.	GENERAL PARTNE		13.	<del></del>	ADDRESS CHANGES ONLY		
DOCUMENT # NAME	TRG OCEAN THREE, LLC		STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	<del></del>		
DOCUMENT # NAME	·		STR	EET ADORESS	04/21/0301069023 **535, 00		
STREET ADDRESS CITY-ST-ZIP	\$\$			TY-ST-ZIP			
DOCUMENT # NAME	·		STRI	STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME			STRI	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	ZIP			TY-ST-ZIP			
DOCUMENT # NAME				EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP			
DOCUMENT # NAME			STRI	EET ADDRESS	· —————————————		
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP			
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							