2000 UNIFORM BUSINESS REPORT (UBR) A06261 **DOCUMENT #** 1. Entity Name SECRETARY OF STATE DIVISION OF CORPORATIONS GROVE ISLE ASSOCIATES LTD. .00 APR 21 AM 3: 05 Principal Place of Business Mailing Address 2701 SOUTH BAYSHORE DRIVE 2701 SOUTH BAYSHORE DRIVE PENTHOUSE PENTHOUSE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133-5309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 1870 SOUTH BAYSHORE DRI VE 1870 SOUTH BAYSHORE DRI VE Applied For . FEt Number COCONUT GROVE, FL 33133-5309 COCONUT GROVE, FL 33133-5309 59-1815380 Not Applicable Us \$8.75 Additional Us Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROTHSTEIN. LAWRENCE ROTHSTEIN, LAWRENCE I. 2701 SOUTH BAYSHORE DRIVE 1870 SOUTH BAYSHORE DRIVE **PENTHOUSE** COCONUT GROVE, FL 33133 **COCONUT GROVE FL 33133** Zip Code 8. The above named entity supplies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,000,00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION F94000002288 F94000002288 STREET ADDRESS COURTLAND INVESTMENTS, INC.

12. DOCUMENT# COURTLAND INVESTMENTS, INC. NAME 1870 SOUTH BAYSHORE DRIVE 2701 SOUTH BAYSHORE DRIVE STREET ADDRESS CITY-ST-7IP COCONUT GROVE, FL 33133 COCONUT GROVE FL 33133 CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCLIMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP (CITY-ST-ZIP

4. 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:

ENATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

414/00

(305) 874-6803

Daytime Phone #