A07388 DOCUMENT # FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name HIALEAH LAKES PLAZA 123, LTD. 00 FEB 18 PM12: 45 Mailing Address Principal Place of Business C/O DAVID H. ZOBERG C/O DAVID H. ZOBERG 8367 BIRD ROAD 8367 BIRD ROAD **MIAMI FL 33155** MIAMI FL 33155-3353 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1909267 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHOOTING STAR ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 8367 BIRD RD. **MIAMI FL 33155** Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$98,758.75 10. Amount of Capital Contributions 9. Capital Contributions 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 12. 610845 DOCUMENT # STREET ADDRESS SHOOTING STAR ENTERPRISE NAME 8367 BIRD RD. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP DOCLIMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7P DOCUMENT # STREET ADDRESS NAME 900003155839 STREET ADDRESS -03/03/00--01010--020 CITY-ST-ZIP CITY-ST-7IP ****526.25 ****526.25 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CATY - ST - ZEP CITY-ST-7 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/1/00

345-226-4080

Daytime Phone #

CR2E003 (9/99)