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DOCU 1. Entity Nam		# A0938	3					7
CUTLER MEADOWS ASSOCIATES, LTD.				•	•		FILED	
Principal Plac	e of Busines	s ''	Mailing Address			0	1 MAY -9 AN II: 24	
1773 NW 79TH Miami FL 3312		,	1773 NW 79TH AVE. MIAMI FL 33126				SECRETARY OF STATE  (ALLAHASSEE FLORIDA	
2. Principal F			3. Mailing Address		<del></del>	•	- FE INDICAL CONTRACTOR PROVER TRIBE THICK NEXT IN EVENT BIRDIN GIRDIN BIRDIN B	
		152 Terrace	8350 NW Suite, Apt. #, etc.	ميل (	errac	<u>`Q</u>	DO NOT WRITE IN THIS SPACE	
Suite 107			Suite 10	Suite 107				,
City & State  Mani Fz			City & State  Miami FL			4. FEI Number 59-2140439 Applied For Not Applicable	}	
Zip Country 33166 USA		Zip Count		SA	5. Certificate of Status Desired   \$8.75 Addition Fee Required			
		and Address of Current F		L			7. Name and Address of New Registered Agent	-
001 10	'n				Name			
BELL, J. E					Street Address (P.O. Box Number is Not Acceptable)			
1773 NW 79TH AVE. MIAMI FL 33126				-		)		
	•	•			City N	·Ar	ηι FL <sup>ziac</sup> 331(0(0	
8. The above	named entit	y submits this statement for	The purpose of changing its	registere			red agent, or both, in the State of Florida.	]
CICNATURE	. =	~ フ /	KIN Pr	CSID	lent	J	1. Ed Bell 4/2/01	
SIGNATURE	Signature, typed	printed name of regist red agont ar	d title applicable. (NOT	E: Registered	d Agent signature	required	d when reinstating) DATE	1
<ol><li>Capital Co as Shown</li></ol>		\$21,073,850.00	10. Amount of Capit in FLORIDA to d		outions < 7	47	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	NOTE	GENERAL PARTNER TI	IAT IS A BUSINESS EN	TITY M	UST-BE RE	GIS	TERED AND ACTIVE WITH THIS OFFICE	
12.	1,012	GENERAL PARTNER		13.	,		ADDRESS CHANGES ONLY	١,
DOCUMENT <b>#</b> NAME	V07186			STRE	ET ADDRESS	2:	350 NW 52 Terr. Ste. 107	5
STREET ADDRESS	BELL PROPERTIES ENTERPRISES, INC. 4328 ALTON RD			CITY	-ST-ZIP			٤
DOCUMENT #	MIAMI BE/	IAMI BEACH FL 33140			1	<u>(Y( 1</u>	ami +2 33/66	18
NAME				STRE	ET ADDRESS			٦
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NAME STREET ADDRESS CITY-ST-ZIP	•				-ST-ZIP	····································		1
14 I hereby o	Lertify that the	e information supplied with	his filing does not qualify fo	r the exe	mption stated	d in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	1
indicated the receiv	on this repor er or trustee	t is true and accurate and t empowered to execute this	hat my signature shall have report as required by Chap	tne same ter 620, F	e legal effect Florida Statut	as if n es	made under oath; that I am a General Partner of the limited partnership or	

SIGNATURE: