

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 26 AM 11:24

12/17

1. Name of Limited Partnership

1a. DOCUMENT #  
A15712

TERREMARK CENTRE, LTD.



Mailing Address

2601 SOUTH BAYSHORE DRIVE  
PM4  
MIAMI FL 33133

Principal Office Address

~~2601 SOUTH BAYSHORE DRIVE~~  
~~PM4~~ 329 Granello Ave.  
~~MIAMI FL 33133~~ Coral Gables  
FL 33146

3. Date Formed or Registered

11/14/1983

5a. Capital Contributions as  
Shown on record

\$14,247,822.00

3a. Date of Last Report

12/27/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$10,425,784

4. State or Country of Formation

FL

6. FEI Number

59-2340999

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

GOODKIND, BRIAN K.  
2601 S. BAYSHORE DR.  
SUITE 1600  
MIAMI FL 33133

10. If changed, new Registered Agent/Office

Name  
United States Registered Agents, Inc.

Street Address (P.O. Box Number Is Not Acceptable)  
329 Granello Avenue

Suite, Apt. #, etc.

City  
Coral Gables

FL Zip Code  
33146

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 11-26-97

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

TERREMARK CENTRE, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

~~2601 S. BAYSHORE DR.~~  
329 Granello Ave.  
Coral Gables, FL  
33146

11b. City, State & Zip Code

~~MIAMI FL 33133~~  
Coral Gables  
Florida 33146

11c. Registration/  
Document Number

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE 12/16/97

Typed or Printed Name of General Partner Signing Form

Peter B. Evans

Daytime Telephone Number

1-242-323-8574

CR2E003 (6/97)