DOCUMENT # A17052  1. Entity Name							eu en		
PALM PLAZA PARTNERS, LTD.							FILED		
							00 FEB 15 PM	2: 57	
10105 SW 111TH ST. 10			Mailing Address 10105 SW 111TH ST. MIAMI FL 33176-3477		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	lace of Business	3. N	Mailing Address			881   3    50   50  01 B\  0  1  1  0  0  1  0  0  0  0  0  0  0	IÇIL BYBU DIÇIL BIŞBI BYBU LUBI		
Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		С	City & State		4. FEI Number 59-2435843 Applied For Not Applicable				
Zip Country		Z	Zip Cour		try	5. Certificate of Status Desired			
	6. Name and Address of Cur	rrent Registe	ered Agent			7. Name and A	ddress of New Registered	Agent	
MOLINA, RAYMOND E				!	Name				
•	/ 111TH ST.				Street Address	ddress (P.O. Box Number is Not Acceptable)			
MIAMI FL	33176								
					City	<del></del> \	FL	Zip Code	
8. The above	named entity submits this statement	ent for the pu	rpose of changing its	registere	ed office or regist	ered agent, or both	, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered	agent and title if	applicable. (NOTE	: Registere	d Agent signature requir	ed when reinstating)	DATE		
9.: Capital Contributions \$714,000.00 10. Amount of Capi			10. Amount of Capita						
<del></del>	A GENERAL PARTN NOTE: General Partners	ER THAT IS S MAY NOT	S A BUSINESS EN be changed on th	TITY M	UST BE REGIS	STERED AND AC	TIVE WITH THIS OFFICE to change a general par	tner.	
12	GENERAL PAR			13.		· · · · · · · · · · · · · · · · · · ·	ADDRESS CHANGES ON		
DOCUMENT# NAME	MOLINA, RONALD R			STRE	ET ADDRESS				
STREET ADORESS CITY+ST-ZBP	MASA EL 2017C		CIT		-ST-ZIP	<u>9000031480792</u>			
DOCUMENT #	MOLINA, RAYMOND E					<u>_</u>			
STREET ADORESS CITY+ST-ZIP	10105 SW 111TH ST.			STRE	EET ADDRESS	90	-02/25/000	01088012	
0171 O. D.	MIAMI FL 33176		, ,		-ST-ZIP	90	-02/25/000	01088012 ****526.25	
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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:** 

SUNFRAYMONDE ELJIMORINA. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/2000 1-305-271-2988 Date Daytime Phone #