| DOCU | MENT # | A1954 | 7 | | | FILED |
|---|---|---|--|---|---|---|
| PALM SPRINGS MILE ASSOCIATES, LTD. | | | | | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS |
| ' | | ING CORP. | Mailing Address % PHILIPS INTERNA 417 5TH AVE. NEW YORK NY 100 | | DING CORP. | # # # # # # # # # # # # # # # # # # # |
| 2. Principal F | Place of Business | <u> </u> | 3. Mailing Address | | | |
| Suite, Apt. | . #, etc. | • | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE |
| City & Sta | te | <u></u> | City & State | | | 4. FEI Number 58-1609315 Applied For Not Applicable |
| Zip | Cou | ntry | Zip | Coun | ntry | 5. Certificate of Status Desired See Required |
| | 6. Name and A | ddress of Current | Registered Agent | | | 7. Name and Address of New Registered Agent |
| 6. Name and Address of Current Registered Agent EISENSTADT, DAVID | | | | · | Name Street Address (P.O. Box Number is Not Acceptable) | |
| 555 WEST 49TH ST. SUITE 200 | | | | | | |
| HIALEAH | FL 33012 | | | | City | ₽ Zip Code |
| 8. The above | e named entity subm | | | | | Istered agent, or both, in the State of Florida. |
| 8. The above | Signature, typed or printed on tributions on record. | name of registered agent \$100.00 | 10. Amount of in FLORID. | (NOTE: Registere Capital Contril A to date. S ENTITY M | ed office or regis ad Agent signature requ butions | |
| 8. The above | Signature, typed or printed on tributions on record. A GENEI NOTE: Gene | name of registered agent \$100.00 | 10. Amount of in FLORID. HAT IS A BUSINES Y NOT be changed | (NOTE: Registere Capital Contril A to date. S ENTITY M | ed office or regis od Agent signature requi butions SUST BE REG I; an amendm | stered agent, or both, in the State of Florida. DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION BISTERED AND ACTIVE WITH THIS OFFICE. |
| 8. The above SIGNATURE 9. Capital Co as Shown 12. DOCUMENT J NAME STREET ADDRESS | Signature, typed or printed on tributions on record. A GENEI NOTE: Gene | \$100.00 RAL PARTNER TO PARTNER TO PARTNER MADE PARTNER PARTNER MADE PARTNER PARTNER MADE PARTNER PA | 10. Amount of in FLORID. HAT IS A BUSINES Y NOT be changed | (NOTE: Registere Capital Contril A to date. S ENTITY M on the form | ed office or regis od Agent signature requi butions SUST BE REG I; an amendm | DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION IISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner. |
| 8. The above SIGNATURE 9. Capital Co as Shown 12. DOCUMENT / NAME STREET ADDRESS OCCUMENT / NAME STREET ADDRESS | Signature, typed or printed contributions on record. A GENEI NOTE: Gene (C) P05496 PALM MILE COI 417 5TH AVENU NEW YORK NY PG 7. 00007 | \$100.00 RAL PARTNER TO BENERAL PARTNER SENERAL PARTNER RP. JE. JE. JE. JE. JE. JE. JE. J | 10. Amount of in FLORIDA HAT IS A BUSINES: Y NOT be changed INFORMATION | (NOTE: Registere Capital Contril A to date. S ENTITY M on the form 13. STRE | ed office or regis ad Agent signature requ butions BUST BE REG i; an amendm | Interest agent, or both, in the State of Florida. DATE |
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SIGNATURE: X

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Daytime Phone #