1. Norme of Labeled Partnership       1aADCCLUMENT #         1. Norme of Labeled Partnership       1aADCCLUMENT #         1. Norme of Labeled Partnership       1285 BISCATTRE BLVD.         1. 2655 BISCATTRE BLVD.       12855 BISCATTRE BLVD.         3. Diel Formed or Registered       3. Diel Formed or Registered         1. Nathing Address       3. Diel Formed or Registered         2.006 ACT (SE CR TAILL_AVE	LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 NOV 30 PM 3: 19	
Mailing Address       Principal Office Address       3. Date Formed or Registered       58. Organic Constitutions as Solution for Address and Solution for Address and Solution for Address and Solution for Address and Solutions and Address and Comment Registered Address and Solutions and Solution for Address and Solutions and Soluting Solutions Soluting Solutions and Solutions and Solutions and So	1. Name of Limited Partnership	1a. DOCUMENT # A21377			11 3: 19
1265 BISCAVIE BLVD.       1265 BISCAVIE BLVD.       SURE 314A         NORTH MIAMI FL 33181       SURE 314A       SURE 314A         NORTH MIAMI FL 33181       Sure 314A       Sure 314A         2. Mailing Address       22.65 BISCAVIE BLVD.       Sure 314A         Sure 314A       NORTH MIAMI FL 33181       Sure 514A         2. Mailing Address       22.65 BISCAVIE BLVD.       Sure 40.67 BISCAVIE BLVD.         2. Mailing Address       22.65 BISCAVIE BLVD.       Sure 40.67 BISCAVIE BLVD.         Sure 4. Appl.       Data Appl. 4.9 etc.       Sure 40.67 BISCAVIE BLVD.         Sure 4. Appl.       Data Appl. 4.9 etc.       Sure 40.67 BISCAVIE BLVD.         2. Mailing Address of Current Appl. BISCAVIE BLVD.       Marce 40.67 BISCAVIE BLVD.       Sure 40.67 BISCAVIE BLVD.         3.1 J.3       Country       Biscavie BLVD.       Sure 40.66 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.         3.1 J.3       U.S.A       Biscavie BLVD.       Sure 40.66 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.         2.1 J.2 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.         2.1 J.2 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.       Sure 40.66 BISCAVIE BLVD.         3.	HEMISPHERE CENTER, LTD.				
1255 BISCAINE BLVD.       1265 BISCAINE BLVD.       1265 BISCAINE BLVD.       SUITE 3144         NORTH MAME FL 33181       NORTH MAME FL 33181       12/01/1989       St. neoret of Capability Control of the cont	Mailing Address	Principal Office Address	<u></u>	3. Date Formed or Registered	5a. Capital Contributions as
2. Mailing Address       2a. Principal Office Adgress       4. Bath or Country of Fernation       5b. Anocent of Capital Country of Fernation         2. Modify Address       2a. Principal Office Adgress       2bbb T1 GERTAIL ANE       30 b) 0 00         Suite, Apt. H, etc.       2bbb T1 GERTAIL ANE       30 b) 0 00         City & Saite       2bbb T1 GERTAIL ANE       30 b) 0 00         City & Saite       2bbb T1 GERTAIL ANE       30 b) 0 00         City & Saite       2bbb T1 GERTAIL ANE       5b. Tell Namber       5b. Anocent of Capital Country         331 33       Country USA       2b 33 133       USA       7b. Cathlicate distance Data (Base revenue allia for fee Information and Address of Current Registered Agent Office Adgress         9. Name and Address of Current Registered Agent       10. If charged, new Registered Agent Office Adgress         VRUSS, ANDREW       So 11 TE 10 9       20       20 cost         10a. Promastic to be provident of a cod 20.192. Point Statutes, the above named bind partnership organized on mailland and code on the final distributed on the base of the Statu of Point Statutes, the above named bind gene into the index of the statu of Point Statutes of the Statutes       20 cost         10a. Promastic to be provident of a cod 20.192. Point Statutes, the above named bind gene into the index of the statute of Point Statutes, the Statutes       20 cost         SIGNATIVE (Registered Agent Office Addrestor GERTAGE DALL ANE       20 cost	SUITE 314-A	SUITE 314-A			
2. Mailing Address       2a. Printiging Address       2a. Printiging Address       300,000         2166       TIGEETTHL AVE       300,000         Suite, ADL #, doc.       Suite, ADL #, doc.       6. FEI Number       Applied For         Suite, ADL #, doc.       Suite, ADL #, doc.       5. FEI Number       Applied For         2017       Suite, ADL #, doc.       10. If Country       7. Ocatificate of Status Doubled       7. Ocatificate of Status Doubled       7. Status Doubled </td <td>NORTH MIAMI FL 33161</td> <td>NORTH MIAMI FL 33181</td> <td></td> <td></td> <td>5b. Amount of Capital Contributions in FLORIDA to date:</td>	NORTH MIAMI FL 33161	NORTH MIAMI FL 33181			5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Ap. 4, etc.       Suite, Ap. 4, etc.       Image: Applied For Suite, Applied For Applied For Suite, Applied For Applied For Suite, Applied For App	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2a. Principal Office Address 2666 TIGE	RTAIL AVE		300,000
MIAMI, FL       MIAMI, Current and Miran Strand Stran	SVITE 109	Suite, Apt. #, etc.	· · · · ·	6. FEI Number	Applied For Vot Applicable
33/33       USA       33/33       USA       8. Make check payable to: Dept. of Statis (See revenue side for fie inform         9. Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office       Mark         12555 BISCATNE BLVD. #314       Name       Mark       Mark       Mark         NORTH MIAMI FL 33181       Streek Address (Or . Box Number is Not Acceptable)       End (C). Box Number is Not Acceptable)       End (C). Box Number is Not Acceptable)         10a. Pursuant to the provide of sections 620:1051 and 620:132. Florids Statutes.       In the provide of the sections 620:1051 and 620:132. Florids Statutes.       In the provide of the sections 620:1051 and 620:132. Florids Statutes.       In the provide of the sections 620:1051 and 620:132. Florids Statutes.       In the provide of the sections 620:1051 and 620:132. Florids Statutes.       In the provide of the section 620:192. Florids Statutes.       In the provide of the section 620:192. Florids Statutes.         10a. Pursuant to the provide of section 620:192. Florids Statutes.       In the provide of the section 620:192. Florids Statutes.       In the provide of the section 620:192. Florids Statutes.       In the provide of the section 620:192. Florids Statutes.         SIGNATURE (registered Agent Accepting Appointment)       Accepting Appointment.       Data       In the provide of the section 620:192. Florids Statutes.         I1. Name(a) of General Partner(s)       11a. (Co NOT Use Pest Office Box Numbers)       11b. City. State 3. Zip. Code       11c. (Degr	MIAMI, FL	MIAMI, t	C	7. Certificate of Status Desired	\$8.75 Additional Fee Required
KRUSS, ANDREW       Hame       Hame       Hame       Hame       Hame       Hamp         12955 BISCAYNE BLVD. #314       Streat Address (PO, Box Namber Is Not Acceptable)       Streat Address (PO, Box Namber Is Not Acceptable)       Hamp         12955 BISCAYNE BLVD. #314       Streat Address (PO, Box Namber Is Not Acceptable)       Automatic Streat Address (PO, Box Namber Is Not Acceptable)       Automatic Streat Address (PO, Box Namber Is Not Acceptable)         10a.       Pursuant to the provisions of sections 620.1051 and 620.192. Florids Statutes, the above-named limited partnership organized or registered and the tas so of the State of Florids, submits this attem         agent 1 antamiliar with, and accept the obligations of section So 1922. Florids Statutes.       Date 1/24/24         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTT         MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(s) of General Partner(s)         11a.       Copyot Streat Address of Each General Partner         SUBA AT HEMISPHERE INC.       12955 BISGAYNE BLVD., 22955 BISGAYNE BLVD., 2017E 109       11b.       City. State & 21p Code       11c.       Registration/ Document Number         Note:       General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner       MI AMI, FL       M23977         Note:       General partners MAY NOT be changed on this form; an amendment must be filed to change a general	33133 USA	33133	USA	8. Make check payable to: Dept. of S	State (See reverse side for fee information)
KRUSS, ANDREW       12955 BISCATNE BLVD. #314         NORTH MIAMI FL 33181       Street Address (PC, Dark Number Is Net Accomptone)         2010. Apr. #, edc.       S J I TE 109         City       MIAMI FL 33181         103. Pursuant to the provisions of sections 620:051 and 620:192, Florida Statutes, the above-meme limited partnership loganized or registered and office or registered agent, or both, in the State of Florida, Statutes, Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent, a both change agent authorized by the general partner(s). Thereby accept the appointment of registered agent, a both change agent authorized by the general partner(s). Thereby accept the appointment of registered agent, a both change agent authorized by the general partner(s). Thereby accept the appointment of registered agent, a both change agent authorized by the general partner(s). Thereby accept the appointment of registered agent Accepting Appointment)         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTTH MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(s) of General Partner(s)       11a. Address of Each General Partner         11.       Name(s) of General Partner(s)       11a. Dec NOT Use Fort General Partner       North MIAMI FL         22/06/07/08/0	9. Name and Address of Current	Registered Agent		10. If changed, new Registered	
10a.       Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-nerved limited partnership organized or registered under the laws of the State of Florida. Such risk bits attains for the purpose of changing its registered disco 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 registere agent. I am familiar with, and accept the obligations of section 20.192, Florida Statutes.         SIGNATURE (Registered Agent Accepting Appointment)	KRUSS, ANDREW 12955 BISCAYNE BLVD. #314			DREW KRUSS Box Number Is Not Acceptable) TIGERTAIL AUE SULTE 129	
10a.       Pursuant to the provisions of sections 620.1051 and 620.132. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, such that 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 objections of section 820.192. Florida Statutes.         SIGNATURE (Registered Agent Accepting Appointment)       DATE       1/2/1/9/         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTTI       MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(s) of General Partner(s)       11a.       Address of Each General Partner       11b.       City, State & Zip Code       11c.       Registration/ Document Numbers)         TERREMARK AT HEMISPHERE INC.       12955-BISGAYNE BLVD., ZUGG TIGE BOX Numbers)       11b.       City, State & Zip Code       11c.       Registration/ Document Numbers)         Voet:       General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner (or portaging to registrate and the information supplied with the filing is voluntarily furnished and does not qualify for the averaging to asset filter carefit partner entity of the State as a file and states are filtered under set and the information supplied with the filing is stated.       TODDDDC TIGE BOX NT (State States.			City A / /	A. (1	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(s) of General Partner(s)       11a.       Address of Each General Partner       11b.       City. State 3.21p Code       11c.       Registration/ Document Number         TERREMARK AT HEMISPHERE INC.       12955 BISGAYNE BLVD., 2666 T1G ECTAILAVE SUITE 109       NORTH MIAMIFL       M23977         OCIOCOPTO F637Q -12/09/98	for the purpose of changing its registered office or re	gistered agent, or both, in the State of Florida			State of Florida, submits this statement
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(s) of General Partner(s)       11a.       Address of East General Partner (Do NOT Use Post Office Box Numbers)       11b.       City. State & Zip Code       11c.       Registration/ Document Number         TERREMARK AT HEMISPHERE INC.       12955 BISGAYNE BLVD., 2666 TT/6 ERTAIL AVE SUITE 109       NORTH MIAMI FL       M23977         70000027007637-001080-0286       710000027007637-001080-0286       110.       Registration/ Document Number         Note:       General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner       110.       110.         12.       Ido 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 side emed 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 public access. I further certify that the information indicated this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or the empower to execute this report as the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or the empower to bexecute this report as the same securate from that the	SIGNATURE (Registered Agent Accepting Appointment)	Non V		DATE	11/24/98
11.       Name(s) or General Partner(s)       112. (Do NOT Use Post Office Box Numbers)       110.       City State & 2/p Code       110.       Document Number         TERREMARK AT HEMISPHERE INC.       12955 BISGAYNE BLVD., 2666 TTIG ERTAILAWE SUITE 109       NORTH MIAMI FL       M23977         7000002 TO TGST4 -12/U9/9801080028       7000002 TO TGST4 -12/U9/9801080028       M14.       M23977         Note:       General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner       ####535.00       ####535.00         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 flability 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 this annual report is true and accurate and that my signature shall have the same legal effects as if made under certs. I further certify that the information indicated this annual report is true and accurate and that my signature shall have the same legal effects as if made under certs. I further certify that the information supplied vibrates.	A GENERAL PARTNER THAT MUST	S A CORPORATION, L	IMITED PAR	INERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTITY
2666 TIG ERTAILAVE SUITE 109       MIAMI, KC         7000027076379         -12/09/9801080026         *****535.00         *****535.00         *****535.00         *****535.00         ******535.00         ******535.00	11. Name(s) of General Pariner(s)	11a. Address of Each General I (Do NOT Use Post Office Box	Partner Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
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 llability 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 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 the emovered to execute this exercise the sort as resourced by changer 620. Florida Statutes.	TERREMARK AT HEMISPHERE INC.	,,			M23977
1 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 llability 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 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 true empowered to execute this report as required by chapter 620. Florida Statutes.				<b>7000027</b> -12/09/3 *****53	076374 3801030026 5.00 ****\$35.00
1 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 llability 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 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 true empowered to execute this report as required by chapter 620. Florida Statutes.	Note: General partners MAY NOT	be changed on this form	an amondma	nt must be filed to she	nga a ganaral partnar
1/24/98	<ol> <li>I do hereby certify that the information supplied with thil: Corporations from any llability of non-compliance with S this annual report is true and accurate and that my sign</li> </ol>	s filing is voluntarily furnished and does not q section 119.07(3)(k) in the event that the info ature shall have the same legal effects as if r	ualify for the exemption mation supplied is deen	stated in Section 119.07(3)(k), Florida St ned exempt from public access. I further ar certify that I am a General Partner of th	atutes. I release the Division of certify that the information indicated on he limited partnership, receiver or trustee
SIGNATURE DATE		-1/-		DATE	11/24/98

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