File Now! Due on or before January 1, 1991

MITED PARTNERSHIP ANNUAL REPORT

1991

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

ad Instructions on Other Side Before Making Entries. Filing Fee Required—Make Checks Payable To: Department of State

1. Name and Mailing Address of Limited Partnership

A21443
TRIVEST OF FLORIDA, LTD.
2665 S. BAYSHORE DR.
SUITE 801
MIAMI, FLA. 33133

If above address is incorrect in any way, enter the address in item 2, include Zip Code.

2. Enter Change of Address of Limited Partnership Mailing Address

Principal Street Address

City

State Zip Code

Date Registered to Do Business in Florida
2/10/1985

4. State or Country of Formation
FLORIDA

Anticipated Capital Contributions as Shown on Record:
72,855

5b. Actual Amount of Capital Contributions:
72,855

Filing fee is figured at the rate of $7.00 per thousand on CAPITAL CONTRIBUTION, but in no case shall the amount be less than $52.50 nor more than $437.50. For questions concerning capital contributions or filing fees please call (904) 487-6056. Please submit your 1991 Annual Report with a remittance of U.S. Dollars payable at par at a financial institution located in the U.S.

FOR FISCAL USE ONLY

Federal Employer Identification Number 59-2614626

6. ☐ FEI Number Applied For ☐ FEI Number Not Applicable

$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

Name and Business Address of Each General Partner

Names of General Partner(s)	Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)	City and State
TRIVEST, INC. (DELAWARE)	2665 S. BAYSHORE DR. 801	MIAMI, FLA.

700002402567--1

Note: General Partners MAY NOT be changed on this form; an Amendment must be filed to change a General Partner.

REGISTERED AGENT INFORMATION

10. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION, FL 33324

11. Name and Address of New Registered Agent

Name

Street Address 1 (Do NOT Use P.O. Box Number)

Street Address 2 (Do NOT Use P.O. Box Number)

City and State FL Zip Code

Pursuant to the provisions of Sections 620.1051 and 620.192, Florida Statutes, the above-named Limited Partnership was 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 F.S.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

I 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 General Partner of the Limited Partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, F.S.

SIGNATURE _____ DATE 11/20/90

Typed Name of General Partner Signing Form
Trivest, Inc. BY:Peter W. Klein, Secretary

Telephone Number (305) 858-2200

STATE OF Florida COUNTY OF Dade

BEFORE ME, this day personally appeared Peter W. Klein who being sworn deposes and says that the statements contained in the foregoing Annual Report are true and correct

SWORN TO AND SUBSCRIBED before me this 20th day of November 19 90

NOTARY PUBLIC STATE OF FLORIDA
Commission expires MY COMMISSION EXP JUNE 29,1994
BONDED THRU GENERAL INS. UND.

Notary Public