ITED PARTNERSHIP
ANNUAL REPORT
1992

FLORIDA DEPARTMENT OF STATE
[illegible] SMITH
Secretary of State
DIVISION OF CORPORATIONS

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

Name and Mailing Address of Limited Partnership: DOCUMENT # A21443
CAR-RT SORT ** CR02

CR0001499
TRIVEST OF FLORIDA, LTD.
2665 S. BAYSHORE DR.
SUITE 801
MIAMI, FLA.
33133

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

DO NOT WRITE IN THIS SPACE.

91 DEC 27 AM 8:36

2. Enter Change of Address of Limited Partnership Mailing Address

Principal Street Address

City

State Zip Code

FOR FISCAL USE ONLY

Date Registered to Do Business in Florida	4. State or Country of Formation
12/10/1985	FLORIDA
Capital Contributions as Shown on Record: $72,855	5b. Actual Amount of Capital Contributions in FLORIDA: 72,855

Annual Report filing fee is figured at the rate of $7.00 per thousand on ACTUAL CAPITAL CONTRIBUTION, but in no case shall the amount be less than $52.50 nor more than $437.50. For questions concerning filing fees please call (904) 487-6056. Please submit your 1992 Annual Report with a remittance of U.S. Dollars payable at par at a financial institution located in the U.S. Make check payable to Department of State.

Federal Employer Identification Number: 59-2614626

☐ FEI Number Applied For
☐ FEI Number Not Applicable

$5.75 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.

800002402563--8

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

REGISTERED AGENT INFORMATION

9. Name and Address of Current Registered Agent

~~CT CORPORATION SYSTEM~~
~~6751 WEST BROWARD BLVD.~~
~~PLANTATION, FL~~
~~33317~~

If address is incorrect in any way, line through the incorrect information and enter correct address in Block 10.

10. Name and Address of New Registered Agent

Name: Peter W. Klein
Street Address 1 (Do NOT Use P.O. Box Number): 8th Floor
Street Address 2 (Do NOT Use P.O. Box Number): 2665 South Bayshore Drive
City and State: Miami FL
Zip Code: 33133-5401

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): [signature] DATE 12/20/91

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 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: [signature] DATE 12/20/91

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 December 19 91

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

Notary Public: [signature]

CR2E603 (7/91)