		# A2335	51						
1. Entity Name DECOMA MIAMI ASSOCIATES, LTD.						F	TLED		
							Y - 4 PH 12:	, , 7	
Principal Plac	ce of Business	· · · ·	Mailing Address						
			11 GREENWAY PLAZA SUITE 3000				ARY OF STAT	E DA	
HOUSTON TX 77046			HOUSTON TX 77046						
2 Principal I	Place of Busine		3. Mailing Address						
501 E. Camino Real			P. O. Box 5025						
Suite, Apt. #, etc. Corporate Offices			Suite, Apt. #, etc. Corporate Offices			DO NOT WRITE IN THIS SPACE			
City & State Boca Raton, FL			City & State			4. FEI Numbe	4. FEI Number 58-1696195 Applied For		
Zip		Country	Boca Raton, Zip	ET Count	try	5 Certificate (of Status Desired		Not Applicable 8.75 Additional
33432	6. Name a	nd Address of Current	33431 Registered Agent				Address of New Re	- F	ee Required
								 	Join
AMERICAN INFORMATION SERVICES INC. ONE SE THIRD AVE, 28TH FLOOR MIAMI FL 33131					Street Add	Street Address (P.O. Box Number is Not Acceptab		1	
					City	FL Zip Code			Zip Code
8. The above	e named entity	submits this statement fo	or the purpose of changing	j its registere	d office or re	gistered agent, or both	, in the State of Flori	da.	L
SIGNATURE								: : •	
9. Capital Co		printed name of registered agent	and title if applicable. (10. Amount of Ca			required when reinstating)	11 MAKE CHECK		O DEPT. OF STATE
	on record.	\$5,204,930.00	in FLORIDA 1	to date. <u>5</u>	2049	130.00	SEE REVERS	E SIDE FOR	FEE INFORMATION
	NOTE:	General Partners M/	THAT IS A BUSINESS AY NOT be changed of	n the form;	an amend	GISTERED AND AU Iment must be filed	to change a ger	OFFICE.	ner.
12.	GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY			
NAME STREET ADDRESS	DECOMA LT	d. 'Ay plaza ste. 3000			et address	501 E. Camir	o Real	·	
CITY-ST-ZIP	HOUSTON 1				ST-ZIP	Boca Raton,	FL		
DOCUMENT #				STREE	ET ADDRESS			i	
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP	80	000043	1370	784
DOCUMENT #			. <u></u>			· · · · · · · · · · · · · · · · · · ·		0 <u>101</u> 5 25	005004 ****526.25
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CITY-ST-ZIP				CITY-	ST-ZIP	. <u> </u>		: 	
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NAME									
NAME STREET ADDRESS CITY - ST - 71P				CITY-	ST-ZIP				
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STREET ADDRESS CITY - ST - ZIP DOCUMENT / NAME STREET ADDRESS CITY - ZIP				STREE				÷	
STREET ADDRESS CITY - ST - ZIP DOCUMENT / NAME STREET ADDRESS CITY - 2T - ZIP DOCUMENT /			· · · · · · · · · · · · · · · · ·	STREE City-	T ADDRESS			÷	
STREET ADDRESS CITY - ST - ZIP DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT / NAME				STREE CITY- STREE	ET ADDRESS			;	······
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby c indicated	i on this report i	s true and accurate and	n this filing does not qualify that my signature shall ha is report as required by Ch	CITY- CITY- CITY- CITY- CITY- to the exem	T ADDRESS ST-ZIP T ADDRESS ST-ZIP Inption stated legal effect (as if made under oath:	, Florida Statutes. I f that I am a General	urther certif	y that the information be limited partnership or
STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. 1 hereby of indicated the receiv	i on this report i ver or trustee ei	s true and accurate and	I that my signature shall ha is report as required by Ch	STREE CITY- STREE CITY- CITY- CITY- CITY- CITY- STevro	T ADDRESS ST-ZIP T ADDRESS ST-ZIP ST-ZIP Iopial effect Iopida Statute	as if made under oath; es eurci a Wildon D	that I am a General I	Partner of th	e limited partnership or
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. hereby c indicated	i on this report i ver or trustee ei	s true and accurate and npowered to execute thi	that my signature shall ha	STREE CITY- STREE CITY-	T ADDRESS ST-ZIP T ADDRESS ST-ZIP Iorida Statute Iorida Statute en M. D. Na Inve	as if made under oath; es eurci a Wildon D	that I am a General I	Partner of th	y that the information the limited partnership or 561-447-530