CH 21 .003 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR) A26382 **DOCUMENT #** SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name ALASS INVESTMENT PARTNERS, LTD. 00 APR 27 AM 3: 05 Principal Place of Business Mailing Address 5401 N. FEDERAL HIGHWAY 5401 N. FEDERAL HIGHWAY FT. LAUDERDALE FL 33308-3206 FT. LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 06-1235715 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE Amount of Capital Contributions 9. Capital Contributions \$3,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. F93000000003 DOCUMENT# STREET ADDRESS ALASS CORPORATION NAME 5401 N. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY - ST - ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADORESS CITY-ST-ZIP CITY-ST-749 DOCUMENT # STREET ADDRESS -กเก NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST/ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/00

954.202.9990

Daytime Phone #