2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State A26695 DOCUMENT # 1. Entity Name MIAMI BEACH VINTAGE PROPERTIES, II, LTD. Principal Place of Business . Mailing Address 1605 JEFFERSON AVE. 1605 JEFFERSON AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-7606 TAFFAHASSEE, FLURIUM 3. Mailing Address 2. Principal Place of Business 586/ BISCAYNE BLUD 5801 BISCAYNE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0069494 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARVER, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1601 JEFFERSON AVE. MIAMI BEACH, FL. FL 33139 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$530,000.00 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 12. GENERAL PARTNER INFORMATION L69079 DOCUMENT # STREET ADDRESS VINTAGE PROPERTIES GROUP. NAME 1601 JEFFERSON AVE. STREET ADDRESS CITY+ST-ZIP MIAMI, BEACH, FL CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <del>500003203215</del> -06/03/00--01030--013 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCHMENT # 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 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER