2000 UNIFORM BUŞINESS REPORT (UBR) DOCUMENT # FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name STS BUILDINGS ASSOCIATES, LIMITED PARTNERSHIP 00 APR 28 AM 3: 05 Principal Place of Business Mailing Address 200 SOUTH PARK ROAD -200 SOUTH PARK ROAD **SUITE 200**-CUITE-290 HOLLYWOOD FL 22021 HOLLYWOOD FL 33021-8544 2. Principal Place of Business 3. Mailing Address 300 Hollywood Way 300 Hollywood Way Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0068749 Not Applicable Hollywood, Florida Hollywood, Florida Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33021 USA 33021 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOTZER, THEODORE R. Street Address (P.O. Box Number is Not Acceptable) 300 Hollywood Way 200 SOUTH PARK ROAD SUITE 200 HOLLYWOOD FL 33021 Zip Code 33021 City Hollywood, 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 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. \$0.00 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 12. A27009 DOCUMENT# STREET ADDRESS HOLLYWOOD STS ASSOCATES 300 Hollywood Way NAME 200 SOUTH PARK RD., #200 STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL 33021 CITY-ST-ZIP Hollywood, Florida 33021 DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 900003268449 DOCHMENT # -05/26/00--01071--021 STREET ADDRESS NAME ****158.00 ****150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 789 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-78P CITY ST-ZIP

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 trusted representation in the receiver or trusted representation in the receiver of the rece

SIGNATURE: B

TURE AND TYPED OR PROTED NAME OF SIGNING GENERAL PARTNI

Swerdlow, Man.Mbr. 4/25/00

(954) 981-1000

Daytime Phone #