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1. Entity Name FLÓRIDA REALTY INVESTORS, LIMITED PARTNERSHIP

SECRETARY OF STAFE TALL AHASSEE, FLORIDA Principal Place of Business 8 KENSINGTON STREET Mailing Address 8 KENSINGTON STREET LIDO BEACH NY 11561 LIDO BEACH NY 11561 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 13-3044753 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions \$2,500,000,00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # K49100 ZARA MANAGEMENT CORP. STREET ADDRESS NAME 8 KENSINGTON ST. STREET ADDRESS LIDO BEACH NY CITY-ST-ZIP CITY-ST-7IP DOCUMENT # <u> 60</u>0010057626 STREET ADDRESS NAME STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT #

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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

DOCUMENT #

516-889-6467

CR2E003 (10/02)