2001	I UNI	FORM BUS	INESS REPO	RT	(UBR)		
DOCUMENT # A28620  1. Entity Name					·		
8585 SU	nset, Ltd.					FILED	
Principal Place of Business  8585 SUNSET DRIVE  WEST ATRIVM  MIAMI FL 33143			Mailing Address  8585 SUNSET DRIVE  WEST ATRIVM  MIAMI FL 33143		,	O1 MAR 12 AM 10:39  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal F	Place of Busin	ness	3. Mailing Address				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Stat	e		City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent	•		7. Name and Address of New Registered Agent	
RADAJO, INC. 8585 SUNSET DR. WEST ATRIUM					Name Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33143					City	FL 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)  9. Capital Contributions  as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STAT 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					i, an american	ADDRESS CHANGES ONLY	
DOCUMENT #	K97877 RADAJO, I		STRE		·		
STREET ADDRESS 8585 SUNSET DR.W. ATRIUM CITY-ST-ZIP MIAMI FL				CITY	r-St-ZIP		
DOCUMENT / NAME				STR	EET ADDRESS	<b>4000038514044</b> -03/13/0101117011	
STREET ADDRESS CITY-ST-ZIP			•	CITY	'-ST-ZIP	****150.00 ****150.00	
DOCUMENT # NAME			,	STR	EET ADDRESS		
STREET ADDRESS - CITY-ST-ZIP	•		المعاديد والمعقد المسيد	CITY	-ST-ZIP		
DOCUMENT # NAME				STR	EET ADDRESS		
STREET ADORESS CITY-ST-ZIP				CITY	'-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME				STR	EET ADDRESS	·	
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP	• .	
DOCUMENT /				STR	EET ADDRESS		

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 RECU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #