| 200 | 1 UNI | FORM BUS | INESS | REPO | RT (UB | R) | | | | | | |
|--|--|---------------------------------------|-------------------|---|---------------------|---------------------------|--|-----------------------|------------------------------|-----------|--------------|---------------------------|
| DOCU 1. Entity Nar | MENT | # A3199 | 94 | | | · | | | | | | |
| CADILLA | ac hotel, l | TD. | | | | FIL | .ED | £ | | | \sim | D. |
| 9861 E. BROA BAY HARBOR | ce of Business ADVIEW DRIVE I ISLANDS FL (| 33154 | | DADVIEW DRIVE R ISLANDS FL | : 33154 - SECI | RETAR | 5 AM II Y of Sta See, Flor | TE | | | | 7 - 1 11811 81811 1881 |
| 6565 Collins Avenue | | | | Mailing Address 6565 Collins Avenue Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State City & State | | | | | <u> </u> | | 4. FEI Num | ber | | | T TA | pplied For |
| MIAMI BEACH, FloriDA | | | MIAMI BEACH, Fl | | | 65-0308198 Not Applicable | | | | | | |
| Zip 33 (| 33141 Country LISA | | | 33141 | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | Name | | 7. Name an | d Address of | New Registe | red Ag | ent | |
| SUSSMAN, JOEL B. 6565 COLLINS AVENUE MIAMI BEACH FL 33141 | | | | | | ddress (F | O. Box Numb | per is Not Acce | • | FL | Zip Coo | de |
| O. The observe | | | | | | • | | | | ГЦ | | |
| o. The above | a named entity | submits this statement f | or the purpose of | changing its re | egistered office of | registere | ed agent, or be | oth, in the Stat | e of Florida. | | | l |
| SIGNATURE | Signature typed o | | | *************************************** | | | | | | · | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 9. Capital Contributions as Shown on record. \$7,500.00 10. Amount of Capital in FLORIDA to date | | | | | | ure requirea | when reinstating) | | E CHECK PAY REVERSE SID | | | |
| | A G | ENERAL PARTNER | THAT IS A BUS | SINESS ENT | ITY MUST BE | REGIST | ERED AND | ACTIVE WIT | H THIS OF | FICE | | |
| 12. | NOIE: | General Partners M. GENERAL PARTNE | | | 13. | nament | must be file | | e a general SS CHANGES | - | er. | |
| DOCUMENT # NAME | OCUMENT # \$79886 | | | | STREET ADDRESS | 65 | 65 | Coll ins | | | | |
| STREET ADDRESS CITY-ST-ZIP | 9861 E. BROADVIEW DR. BAY HARBOR ISLANDS, | | | | CITY-ST-ZIP | н | vari B | seact, | El a | 5.3 17 | | |
| DOCUMENT # | | , , , , , , , , , , , , , , , , , , , | | | STREET ADDRESS | | (41. 41 | | 1 1 | 331 | ι. | |
| STREET ADDRESS CITY-ST-ZIP | | · | | - | CITY-ST-ZIP | | , | 2005)- | 10.361 01/30/0; ***141 | 02: [0 | 552 1117- | 2 4 |
| DOCUMENT # NAME | | | | | STREET ADDRESS | | | * | ***141 | 25 | *** | 141.25 |
| STREET ADDRESS CITY-ST-ZIP | | | | | CiTY-ST-ZIP | | n 1- | | | | | |
| DOCUMENT / NAME | | | | | STREET ADDRESS | | | | | | , | |
| STREET ADDRESS CITY-ST-ZIP | | | | | CITY-ST-ZIP | | | | | | , | |
| DOCUMENT # NAME | | | | | STREET ADDRESS | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | CITY-ST-ZIP | | | | | | | |
| DOCUMENT # NAME | <u>.</u> | | | | STREET ADDRESS | | | | • | | | |
| STREET ADDRESS- | | | <u> </u> | | - CITY-ST-ZIP- | | | نوند | | | | |

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

CADILINE Hotel LTO. 69 CERP by TRA Sussimily, As secy

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHOP COSP by IRA SUSSMAN, AT SECY