2001	UNIF	ORN	I BUSINI	ESS REF	PORT	· (UBI	R)					
DOCUMENT # A33448 1. Entity Name						•	,			, A		
1150 ASSOCIATES, LTD.								FIL	_ED			
Principal Place of Business Mailing Address							0	1 FEB 2	26 PM 12: 06			
1836 WEST 23RD STREET MIAMI BEACH FL 33140				1836 WEST 23RD STREET MIAMI BEACH FL 33140]		RY OF STATE SEE, FLORIDA:			
Principal Place of Business Mailing Address								.	BII (906)	<u> </u>	#1811 1801	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State				CE_0001440			ed For Applicable	
Zip	Country			Zip Co		untry		5. Certificate of Status Desired \$8.75 Fee Rec				
6. Name and Address of Current Registered Agent								7. Name an	d Address of New Registered	Agent		
						Name		.	-	÷		
BERGER, DAVID J. 1836 WEST 23RD STREET						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI BEACH FL 33140												
						City			F	Zip Code		
8. The above named entity submits this statement for the purpose of changing its re						ered office or	r registere	ed agent, or b			<u>–</u>	
	,						ŭ					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: F						ered Agent signati	ure required	when reinstating)	DATE			
9. Capital Contributions as Shown on record. \$7,500.00				10. Amount of Capital Contributions in FLORIDA to date.			7,5	500 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A GE NOTE: 0	ENERAL General F	PARTNER THAT	IS A BUSINESS T be changed o	ENTITY	MUST BE I	REGIST	ERED AND	ACTIVE WITH THIS OFFIC	E. Irtner.		
NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION						3.			ADDRESS CHANGES OF			
DOCUMENT # V22380 NAME 1150 BUILDING CORP.					s	TREET ADDRESS						
	TOO MEST COME STREET					TY-ST-ZiP			400000000			
DOCUMENT # NAME					s	TREET ADDRESS			400003792 -03/02/01 ****141.29	0100301	14	
STREET ADDRESS CITY-ST-ZIP					С	TY-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP					С	TY-ST-ZIP			•			
DOCUMENT # NAME	·	-			s	TREET ADDRESS					7	
STREET ADDRESS CITY-ST-ZIP					c	TY-ST-ZIP						

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

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SIGNATURE:

SIGN

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS