SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERA PARTNER

1. Entity Nar	IMENT # A3351 T PLAZA PARTNERS, LTD.	7 😂 ,			FILED 01 MAY -1 AM II: 47			77 AF
Principal Place of Business Mailing Address 5401 KIRKMAN ROAD, SUITE 725 ORLANDO FL 32819 ORLANDO FL 32819			TE 725	·	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
572 Suite, Apt. Suit City & Stat	e 601	3. Mailing Address 5728 MA-1 Suite, Apt. #, etc. Suite 6) [DO NOT WRITE IN THIS S	PACE	Applied For]
<u>Urla</u>	rodo FL Country	Urlandu	Coun		59-3149169	\$9.75	Not Applicable Additional	7
Zip 32°	8 19 US 6. Name and Address of Current	Zip 32819		√ ò	Certificate of Status Desired Name and Address of New Registered A	ee Requ	uired	_
KHATIB, RASHID A. 5401 KIRKMAN ROAD, SUITE 725 ORLANDO FL 32819				5728 N	(P.O. Box Number is Not Acceptable) MAJOR BLVD., STE. 601 NDO FL 32819 FL	I BLVD., STE. 601 L 32819 FL Zip Code		
8. The above	e named entity submits this statement for signature, typed or printed name of registered agent a			ed office or register	red agent, or both, in the State of Florida.			
9. Capital Co as Shown	ontributions \$1,544,000.00	10. Amount of Capit in FLORIDA to ca	l Contrik te.	outions 1544.60	11. MAKE CHECK PAYABLE SEE REVERSE SIDE FOF	FEE INF		
	NOTE: General Partners MA	Y NOT be changed on the	e form	UST BE REGIS ; an amendmen	TERED AND ACTIVE WITH THIS OFFICE at must be filed to change a general part	ner.		
12.	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONL] [
NAME STREET ADDRESS CITY-ST-ZIP	V19919 INTRAM INVESTMENTS, INC. 5 5401 KIRKMAN ROAD, SUITE 725 ORLANDO FL 32819			5728 MAJOR BLVD., STE. 601 ORLANDO FL. 32819				CR2E003 (11/00)
DOCUMENT #	01.04100 12 02010		STRE	ET ADDRESS				CR2
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	600004272:	 316		-
DOCUMENT # NAME			STRE	ET ADDRESS	-05/21/010 ****526.25	1019- -****	-009 526,25 	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP				
DOCUMENT # NAME			STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP				
DOCUMENT # ** NAME		-	STREE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP				
indicated	on this report is true and accurate and t	that my signature shall have it	ne same	legal effect as if m	ection 119.07(3)(i), Florida Statutes. I further certinade under oath; that I am a General Partner of the	y that the	e information I partnership or	