2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # A93000001219 1. Entity Name 01 MAY -1 AM 9: 41 PARK PLACE LAND, LTD Principal Place of Business Mailing Address SECRETARY OF STATE 3225 Aviation Avenue 3225 Aviation Avenue TALLAHASSEE, FLORIDA Suite 700 Suite 700 Coconut Grove, FL 33133 Coconut Grove, Fl. 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0449723 Not Applicable Žip 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 Stewart Marcus Street Address (P.O. Box Number is Not Acceptable) 3225 Aviation Avenue, Suite 700 Coconut Grove, Florida 33133 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 11.MAKE CHECK PAYABLE TO DEPT, OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$100 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date as Shown on record 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 ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION P93000079750 STREET **DOCUMENT#** NAME ADDRESS Park Place Land, Inc. STREET 3225 Aviation Avenue, Suite 700 2121 Ponce De Leon Blvd., ADDRESS CITY-ST-ZIP CITY-ST-ZIP Coconut Grove, Florida 33133 Penthouse Suite Coral Gables, Florida 33134 STREET DOCUMENT # ADDRESS NAME STREET 780004274697 **ADDRESS** 05/21/01--01173--003 CITY-ST-ZIP CITY-ST-ZIP ****526.25° *****526.25 **DOCUMENT #** ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET **DOCUMENT#** ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT#** STREET NAME **ADDRESS** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 red to execute this report as required by Chapter 620, Florida Statutes. limited partnership or the receiver

(305) 860-8188

SIGNATURE