2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A95000000775 1. Entity Name FILED SECRETARY OF STATE APRIL REALTY LIMITED DIVISION OF CORPORATIONS 00 APR 24 AM 3: 05 Principal Place of Business Mailing Address 19255 SW 137 AVE., STE. 1002 12255 SW 137 AVE., STG, 100-**MIAMI FL 33186** MIAMI FL 33186-5327 Principal Place of Business 3205 SW / 3 Mailing Address 3205 SW137 AVK DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc SOITH A UITA City & State 4. FEI Number Applied For City & State AMI NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHERRY, ROBERT 18255 SW 197 AVE., STE. 199 **MIAMI FL 33186** 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) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE unt of Capital Contributions 9. Capital Contributions Amo \$693,000.00 ORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 13. 12. GENERAL PARTNER INFORMATION DOCUMENT# 3205 SW13 STREET ADDRESS NAME SHERRY, ROBERT 13255-SW-137-AVE., STE: 1001 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARKE STREET ADDRESS CRY-ST-ZP -05/18/00--01027--009 CITY-ST-7IP ****526.25 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZE

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/00 305-233-3100

e Daytime Phone #