PLÉASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED FLORIDA DEPARTMENT OF STATE 03 DEC -9 PM 3: 20 **PARTNERSHIP** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT # 600024179906 10/27/03--01036--025 **2632.20 Varadero IV Motel, LTD. 10-101-02-03 3. Mailing Office Address Principal Office Address Date Formed or Registered To Do Business in Florida 6/13/95 3790 North 28 Terrace 3790 North 28 Terrace Suite, Apt. #, etc. Suite, Apt. #. etc. Applied For Not Applicable City & State \$8.75 Additional Fee required City & State. CERTIFICATE OF STATUS DESIRED Hollywood, Elorida. Hollywood, Florida 7a. Capital Contributions as shown on Record: \$9.900.00 Zip Country Zip Country 33020 33020 USA USA 7b. Amount of Capital Contributions in FLORIDA to date: \$9,900.00 8. Name and Address of Current Registered Agent WARREN WELT FEES: Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52,50 and a maximum of \$437.50, for each year due this office. Street Address (P.O. Box Number is Not Acceptable) 3790 North 28 Terrace Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Suite, Apt. #, Etc. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. Zip Code State Hollywood 33020 9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, 1 am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Registration Document Number 10. Name(s) of General Partner(s) City, State and Zip Code (Do NOT Use Post Office Box Numbers) Beach & Oceanfront 3790 North 28 Terrace Hollywood, Florida G74982 Properties, Inc. Roinst. Fees - \$2,632.50 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

ALREN

WBU

Telephone Number

SIGNATURE

Typed or Printed Name of General Partner Signing Form