LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000996

1. Entity Name
65-45 MIRACLE MILE LTD.

DO NOT WRITE IN THIS SPACE

FILED
02 MAY -6 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
25 DOGWOOD DRIVE		25 DOGWOOD DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DANBURY, CT		City & State: DANBURY, CT	
Zip: 06811	Country: USA	Zip: 06811	Country: USA

DUE BY MAY 1

4. FEI Number: 13-6087014 (G.P.) — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOEL HIRSCHHORN

Street Address (P.O. Box Number is Not Acceptable): 2600 DOUGLAS ROAD

DOUGLAS CENTRE PH-2

City: CORAL GABLES FL Zip Code: 33134-6134

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: _____ DATE
Registered agent and title if applicable

9. Capital Contributions as Shown on record: $500,000

10. Amount of Capital Contributions in FLORIDA to date: $500,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P95000051245 65-45 MIRACLE MILE INC. 25 DOGWOOD DRIVE DANBURY, CT 06811	STREET ADDRESS / CITY-ST-ZIP	
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STAPLE CHECK HERE

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.

65-45 MIRACLE MILE INC, GENERAL PARTNER

SIGNATURE: _____ 4/30/02 203-743-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

BRIAN S. FIELDING, PRESIDENT

CR2E003B (12/01)