FILED SECRETARY OF STATE

DIVISION OF CORPORATIONS

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2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A95000002103 **DOCUMENT #**

1. Entity Name DEL ROSAL INVESTMENT PARTNERS, LTD.



Principal Place of Business 9400 OLD CUTLER LANE Mailing Address 34TH FLOOR - MIAMI CENTER CORAL GABLES FL 33156 201 SOUTH BISCAYNE BLVD. **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc **DUE BY MAY 1, 2003** 4. FEI Number 65-0682045 Applied For City & State City & State Not Applicable Ziρ Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEL VALLE, IGNACIO G ESQ. Group Corporate Services, LLC Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI CENTER 201 S. Biscayne Blvd., Suite 3400 **MIAMI FL 33131** ^{City} Miami 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. I am familiar with, and accept the obligations of registered agent. Group Corporate Services, LLC SIGNATURB Y Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions \$775,000.00 10. Amount of Capital Contributions 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY P95000096763 DOCUMENT # STREET ADDRESS BIONNE, INC. NAME 5000157 201 SOUTH BISCAYNE BLVD., SUITE 3400 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CiTY-ST-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

lorida corporation as General Partner

305 661 8286 Daytime Phone #

SIGNATURE: