| 1. Entity Nam | INIEN I # A9600 | JUUU 1U48 | | | ₽ |
|--|--|---|--|---|-----------------|
| THIRD AVENUE ASSOCIATES, LTD. | | | | FILED | 71 |
| 6400 NORTH ANDREWS AVENUE 6400 NORTH | | Mailing Address 6400 NORTH ANDREWS AV FT. LAUDERDALE FL 33309 | | O1 JUN - 1 PM 12: 23 BECRETARY OF STATE TALLAHASSETHINGHAMMAN AND AND AND AND AND AND AND AND AND A | |
| 2. Principal Place of Business 300 SE 2nd Street 300 SE 2 Suite, Apt. #, etc. 3. Mailing Address 300 SE 2 Suite, Apt. #, etc. | | 300 SE_2nd | Street | DO NOT WRITE IN THIS SPACE | |
| City & Stat Ft. I Zip 33301 | Country Country | City & State Ft. Lauderd Zip 33301 | lale, FL Country | 4. FEI Number 65-0669672 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| DUKE, BRYAN W 6400 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33309 8. The above named parity subplies this statement for the purpose of changing its reg | | | City | 7. Name and Address of New Registered Agent Patricia Jones ddress (P.O. Box Number is Not Acceptable) c/o Stiles Corporation 300 SE 2nd Street Ft. Lauderdale, FL FL Zip Code 33301 | |
| SIGNATURE 9. Capital Coas Shown | Signature: They or proper they of property and on record. A GENERAL PARTNER. | t and title if applicable. (NCTE 10. Amount of Capita in FLORIDA to da THAT IS A BUSINESS ENT | Registered Agent signated Contributions ate. \$ 6, \$ 2. | 2/2//0/ pre required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE. | |
| 12. | NOTE: General Partners Ma GENERAL PARTNE | AY NOT be changed on th | e form; an ame | ndment must be filed to change a general partner. ADDRESS CHANGES ONLY | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | A9900000463 S/ELA GP, LTD. 6400 NORTH ANDREWS AVENU FT. LAUDERDALE FL 33309 | | STREET ADDRESS | | CR2E003 (11/00) |
| DOCUMENT # . NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | 8000044226183 -06/15/0101056014 ****526.25 *****526.25 | CR2 |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # NAME STREET ADDRESS | | | STREET ADDRESS | | |
| DOCUMENT ANAME STREET ADDRESS | 4 | | STREET ADDRESS | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | , | | STREET ADDRESS CITY-ST-ZIP | | |
| 14. I hereby | d on this report is true and accurate and ver or trustee empowered to execute the | d that my cionature chall have t | the same legal effe ler 620, Florida Stat | ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am a General Partner of the limited partnership or utes 2/2///// 954/627–9300 Date Daytime Phone # | , |
| | <u> Patric</u> ia Jo | nea | | | |