SIGNATURE:

DOCUMENT # A9600001183						
PEBB ENTERPRISES TAMARAC TOWN SQUARE LTD.					FILE	D ~~
Principal Place of Business Mailing Address				<del></del>	01 MAR 12	AM 10: 42 U
1000 CORPORATE DRIVE. SUITE 210 1000 CORPORATE DRIVE. SU			SUITE 21	10		
FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 3333			334		SECRETARY O	E USIDA E OTATE
2. Principal Place of Business 3. Mailing Address				1 1003.611 \$81.0 10110 00111 00111 00111 00111 00101 11001 11001 11001 11001 11001		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE	E IN THIS SPACE
City & State City & State					4. FEI Number 65-0675501	Applied For Not Applicable
Zip Country		Zip Country		try	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Re	
				Name		
ROSENBERG, JEFFREY M				Street Address (P.O. Box Number is Not Acceptable)		
1000 CORPORATE DRIVE, SUITE 210 FORT LAUDERDALE FL 33334						
				City		FL Zip Code
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 Signature reput of the first of the definition of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
9. Capital Contributions 39,900.00  10. Amount of Capital Contributions in ELORIDA to date						PAYABLE TO DEPT. OF STATE
as Shown on record.  In FLORIDA to date.  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 13. ADDRESS CHANGES ONLY						
DOCUMENT #				CT ADDRESS	ADDRESS CHA	NGES ONLY
NAME	PEBB MANAGEMENT COMPANY, INC. 1000 CORPORATE DRIVE, SUITE 210 FORT LAUDERDALE FL 33334		SIRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	CITY-ST-ZIP 7000038544774		
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NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		,	CITY	-ST-ZIP		
14. I hereby	certify that the information supplied with on this report is true and accurate and t yer or trustee empowered to execute this	this filing does not qualify for	the exe	mption stated in Se	tion 119.07(3)(i), Florida Statutes. I t	further certify that the information
the receiv	on this report is true and accurate and t ver or trustee empowered to execute this	natiny signature shall nave t report as required by Chapte	ne same er 620- F	s regar enect as it fr Florida Statutes	sue unuer barn, mar i am a General	rainer of the infined partnership or