2000 UNIFORM BUSINESS REPORT (UBR)

		0002406	أتبره			
1. Entity Name OP OF MIAMI LIMITED PARTNERSHIP				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
					00 JUL 31 PM 1: 25	
		2601 SOUTH BAYSHORE	e drive. Suite 1600		DU JUL 31 TH LES	
MIAMI FL 33122 MIAMI FL 33133-5413					THE REPORT OF THE PARTY AND A	Į)
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State Ci		City & State	City & State		4. FEI Number Applied For	_
Zip Country		Zip Country		itry	Not Applica S. Certificate of Status Desired Second	Die
6. Name and Address of Current Registered Agent		Registered Agent			7. Name and Address of New Registered Agent	_
				Name JOIGE L. CRUZ		
A Z REGISTERED AGENT CORPORATION				Street Address (P.O: Box Number is Not Acceptable) Blvd.		
2601 SOUTH BAYSHORE DRIVE, SUITE 1600 MIAMI FL 33133				001		\neg
				city Coral Gables FL Zip Code 46		
8. The above named entity submits the statement for the purpose of changing its registered office or					ered agent, or both, in the State of Florida.	-
SIGNATURE	1/17/	<u> </u>			arl when reinstation) DATE	
SIGNATURE Signature type-of-or printed name of registered agent and title if applicable. (NOTE: Re 9. Capital Contributions \$100.00 10. Amount of Capital Co				d Agent signature required butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	-
as Shown on record. in FLORIDA to date.					SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE:	
/	NOTE: General Partners MA	Y NOT be changed on t	he form	ı; an amendmer	nt must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT#	GENERAL PARTNER INFORMATION P96000102361 OP ACQUISITION CORP. 3155 N.W. 77TH AVENUE MIAMI FL 33122					
NAME				EET ADDRESS	6965 Granada BIVO.	
STREET ADDRESS CITY-ST-ZIP				(-ST-ZIP	Coral Gables, FC 33146	
DOCUMENT#			STR	EET ADDRESS	2	
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP	200003349757	2
DOC! IMENT #			STR	EET ADDRESS	700003349757 -08/08/0001085008 ****541.25 ****541.2	5
STREET ADORESS CITY-ST-ZIP			CITY	r-St-ZIP		
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NAME STREET ADORESS			CIT	(-ST-28P		\dashv
CITY-ST-ZIP			_			
DOCUMENT# NAME ,			STR	NEET ADDRESS		
STREET ADORESS CITY-ST-ZBP	}		сп	Y-ST-ZIP		
DOCUMENT#			STF	KEET ADORESS		
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP		
	certify that the information supplied with don this report is true and accurate and	this filing does not qualify for that my signature shall have	or the exe	emption stated in S ne legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnersh	in
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 frue 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						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #						