* Amended *LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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CHECK

SIGNATURE

FILED DOCUMENT # 02 JUN 19 PM 2: 18 1. Entity Name A97000001845 SECRETARY OF STATE TALLAHASSEE FLORIDA OFFICE HOLDINGS, LTD. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 1401 Bricke 11 Ave 1401 Brickell Ave Suite, Apt. #, etc. **DUE BY MAY 1** City & State 4. FEI Number Applied For Miami-F Not Applicable Country . 3313 1 \$8.75 Additional 33131 USA Fee Required Name and Address of Current Registered Agent et Address (P.P. Box Number is Not Acceptable) DO NOT WRITE IN THIS SPACE Zip Code 33 3 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 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE-1244,752.5 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 DOCUMENT # P97000013363 STREET ADDRESS NAME Gateroay Coneral Partner, Inc. 1401 Brickell Avenue, Suite 500 STREET ADDRESS CITY-ST-ZIP -06/21/02--01072--021 CITY-ST-ZIP Miani, FL 33131 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP DOCUMENT # IN THIS SPACE STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP DOCUMENT 6 STREET ADDRESS NAME, STREET ADDRESS CITY-ST-ZIP: 3 CITY-ST: ZIP DOC!\$MENT # NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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

SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF