

OCT-18-2000 15:58 FROM: BEATRIZ M CAPOTE PA 3053740908

TO: 18509224003,

P.002/002

FAX AUDIT #H000000550350

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 2:14

DOCUMENT # A97000002865
1. Entity Name
EXCLUSIVE REAL ESTATE INVESTMENTS, LTD.

Principal Place of Business
10735 S.W. 58TH AVENUE
PINECREST FL 33156

Mailing Address
10735 S.W. 58TH AVENUE
PINECREST FL 33156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0802277		Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Zip	Country	Zip	Country	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

6. Name and Address of Current Registered Agent
LORE, LUIS F
10735 S.W. 58TH AVENUE
PINECREST FL 33156

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]* DATE *10/18/00*

9. Capital Contributions as Shown on record: **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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 #	P97000106510	STREET ADDRESS	
NAME	LORE INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	10735 S.W. 58TH AVENUE		
CITY-ST-ZIP	PINECREST FL 33156		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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)(f), 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.

SIGNATURE: *[Signature]* **SHIRLEY L. LORE, President Lore Investments, Inc.** *10/18/00 (305) 276-7*

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TALLAHASSEE FLORIDA

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Florida Department of State

Division of Corporations

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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : BEATRIZ M. CAPOTE, P.A.
Account Number : I19990000052
Phone : (305) 374-1555
Fax Number : (305) 374-0908

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TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

EXCLUSIVE REAL ESTATE INVESTMENTS, LTD.

197-2865

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