

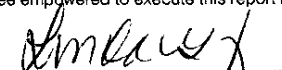


FILED

04 APR 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # A98000001080 1. Entity Name 053, LTD.</div><div style="text-align: center;"></div></div>				<div>04 APR 30 PM 12:28</div> <div>SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: left;"></div>																																					
Principal Place of Business 1350 EAST NEWPORT CENTER DRIVE, STE. 206 DEERFIELD BEACH, FL 33442		Mailing Address P.O. BOX 4219 DEERFIELD BEACH, FL 33442-4219																																							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04262004 Chg-LP CR2E003 (10/03) 4. FEI Number 06-1514268 <div style="display: flex; justify-content: space-between;"><div>5. Certificate of Status Desired <input checked="" type="checkbox"/></div><div>\$8.75 Additional Fee Required</div></div>																																					
City & State		City & State																																							
Zip	Country	Zip	Country																																						
6. Name and Address of Current Registered Agent KAY, JAMES R ESQ. KAY LAW OFFICES 11505 FAIRCHILD GARDENS AVE., STE. 203 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"><div>Name JAMES R. KAY, ESQ.</div><div>Street Address (P.O. Box Number is Not Acceptable) KAY LAW OFFICES</div></div> <div style="display: flex; justify-content: space-between;"><div>700 VILLAGE SQUARE CROSSING, STE 102B</div><div>City PALM BEACH GARDENS, FL</div><div>Zip Code 33410</div></div>																																					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																									
9. Capital Contributions, as Shown on record. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.																																							
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 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">DOCUMENT #</td><td>P98000038492</td></tr><tr><td>NAME</td><td>053, INC.</td></tr><tr><td>STREET ADDRESS</td><td>1350 EAST NEWPORT CENTER DRIVE, STE. 206</td></tr><tr><td>CITY - ST - ZIP</td><td>DEERFIELD BEACH, FL 33442</td></tr></table>			DOCUMENT #	P98000038492	NAME	053, INC.	STREET ADDRESS	1350 EAST NEWPORT CENTER DRIVE, STE. 206	CITY - ST - ZIP	DEERFIELD BEACH, FL 33442	13. ADDRESS CHANGES ONLY <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%;">STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>STREET ADDRESS</td><td>200036266922</td></tr><tr><td>CITY - ST - ZIP</td><td>05/13/04--01050--024 **535.00</td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>			STREET ADDRESS		CITY - ST - ZIP		STREET ADDRESS	200036266922	CITY - ST - ZIP	05/13/04--01050--024 **535.00	STREET ADDRESS		CITY - ST - ZIP		STREET ADDRESS		CITY - ST - ZIP		STREET ADDRESS		CITY - ST - ZIP		STREET ADDRESS		CITY - ST - ZIP		STREET ADDRESS		CITY - ST - ZIP	
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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 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 <div style="display: flex; justify-content: space-between;"><div>SIGNATURE: </div><div>LINDA G. KASSOFF</div><div>04/27/2004 (954) 428-4585</div></div> <div style="display: flex; justify-content: space-between;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</div><div>Date</div><div>Daytime Phone #</div></div>																																									