2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001230

1. Entity Name

1802 ASSOCIATES, LTD.

FILED

00 MAY -1 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
404 WASHINGTON AVENUE. SUITE 120 MIAMI BEACH.FL 33139	404 WASHINGTON AVENUE. SUITE 120 MIAMI BEACH FL 33139-6651

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0844792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THREATT, ROBERT R 404 WASHINGTON AVENUE, SUITE 120 MIAMI BEACH FL 33139	Name: Brian A. Hart Street Address (P.O. Box Number is Not Acceptable): c/o Thomson Muraro Razook & Hart, P.A One SE 3rd Avenue 17th Floor City: Miami FL Zip Code: 33131

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 B A Hart Brian A. Hart 4/24/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. S.A. Filed 5-1-00 649,823.00	10. Amount of Capital Contributions in FLORIDA to date. $649,823.00	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 #	P98000043755	STREET ADDRESS	
NAME	1802 ASSOCIATES G.P. INC.		
STREET ADDRESS	404 WASHINGTON AVENUE, SUITE 120	CITY-ST-ZIP	600003247626--3 05/11/00--01015--023 ****526.25 ****526.25
CITY-ST-ZIP	MIAMI BEACH FL 33139		
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CR2E003 (9/99)

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

BY: 1802 ASSOCIATES GP, INC. GENERAL PARTNER

SIGNATURE: [signature] MICHAEL BERNSTEIN, VP 4-27-2000 305 532 2519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #