2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ₹9800001362								,			
1. Entity Name L'AMBIANCE BEACHES, LTD.							SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place 4240 GALT OF	CEAN DRIVE		Mailing Address 4240 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308-6142				00 APR 28 AM 3: 05				
Principal Place of Business 3. Mailing Address											
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		_	City & State				4. FEI Number of COACTED Applied For				
			· ·					65-0843756			Not Applicable
Zip	Country		Zip			5. Certificate of Status Desired See Required					
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent Name						
"VALDES-FAULI CORPORATE SERVICES,INC. 777 S. FLAGLER DR., SUITE 500E					Street Address (P.O. Box Number is Not Acceptable)						
WEST PALM BEACH FL 33401								-		•	
					City	FL Zip Code					ode
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, typed	or printed name of registered agent a	nd title if applicable. (NC	DTE: Registere	d Agent signatur	a required s	when reinstating)		DATE		
9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date.					PI	2000 - 00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					OF STATE DRMATION
	A (NOTE:	SENERAL PARTNER T	HAT IS A BUSINESS E Y NOT be changed on	NTITY M the form	IUST BE R ı; an amer	EGIST idment	ERED AND AC must be filed	TIVE WITH THIS to change a ge	5 OFFICE. neral partı	ner.	
12.	13.			ADDRESS CHANGES ONLY							
DOCUMENT# NAME	P9800004	6275 Operties Internation	STR	EET ADDRESS							
STREET ADDRESS	4240 GAL		СПУ	-ST-ZIP		4000032722940 -05/31/0001063017					
CITY-ST-ZIP DOCUMENT#	FORT LAUDERDALE FL 33308						*****141.25 ****141.25				
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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 A LICE TRUE A TION ALLICE A LI											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Desprins Phone #											