|   |  |   | ME22 KELO  | KI               | (ARK)  | <u>)                                    </u> | . /  |                               |                               | •             |  |
|---|--|---|--|------------------|--|--|--|-------------------------------|-------------------------------|---------------|--|
| DOCUMENT # A9800001383  1. Entity Name  |  |   |  |                  |  | #  | 305  |                               |                               |               |  |
| BEN QUEVEDO NO. 1, LTD.   |  |   |  |                  |  | 211101014 (                                  | FILEL<br>PARY OF STATE<br>OF CORPORATIONS                              |                               |                               |               |  |
| Principal Place of Business Mailing Address 301 COSTA BRAVA COURT 301 COSTA BRAVA COURT CORAL GABLES FL 33143 CORAL GABLES FL 33143-655:  |  |   |  |                  | 00 APR 24 AM 3: 05                                 |  |  |                               | nf                            |               |  |
|   |  |   | -  |                  |  |  |  |                               |                               |               |  |
| Principal Place of Business 3. Mailing Address  |  |   |  |                  |  |  | #  | #  <b>         </b>           | 9 1(101 (B) EB (1)  10E)      |               |  |
| 10165 NW 19 STREET Suite, Apt. #, etc.  |  |   | 10165 Nu 19 STREET<br>Suite, Apt. #, etc.  |                  |  |  | DO NOT WRITE IN THIS SPACE   |                               |                               |               |  |
| City & State  MIAMI, FLORIDA  |  |   | City & State MIAMI, FLORIDA  |                  |  | 4. FEI Numb                                  | er 65-0841689  |                               | Applied For<br>Not Applicable | 3             |  |
| Zip<br><b>3317</b>  | Country 3172   |   | Zip Cour<br>33172  |                  | try  | 5. Certificate                               | 5. Certificate of Status Desired Security \$8.75 Addition Fee Required |                               |                               |               |  |
| 6. Name and Address of Current Registered Agent   |  |   |  |                  | Name   | 7. Name and                                  | Address of New Regis   | tered Agent                   |                               | 4             |  |
| Saxon, K  | (YLE R   |   |  |                  |  |  |  |                               |                               |               |  |
| 169 EAST FLAGLER STREET, SUITE 1700<br>MIAMI FL 33131   |  |   |  |                  | Street Address (P.O. Box Number is Not Acceptable) |  |  |                               |                               |               |  |
|   |  |   |  |                  | City FL Zip Code                                   |  |  |                               |                               |               |  |
| 8. The above  | named entité   | irs this statement for                  | the purpose of changing its  | register         | ed office or re                                    | gistered agent, or bo                        | th, in the State of Florida.   |                               | -                             |               |  |
| SIGNATURE .   | Signature typed o  | v ovioted name of registered agent a    | nd title if applicable (NOTE   | Registere        | d Agent signature r                                | equired when reinstating)                    |  | DATE                          |                               |               |  |
| 9. Capital Contributions as Shown on record. \$250,000.00 10. Amount of Capital Contributions in FLORIDA to date.   |  |   |  |                  |  |  | 11. MAKE CHECK PA<br>SEE REVERSE S                                     | YABLE TO DEI<br>DE FOR FEE II |                               |               |  |
|   | A G<br>NOTE:   | ENERAL PARTNER T<br>General Partners MA | HAT IS A BUSINESS EN'<br>Y NOT be changed on th  | FITY M<br>e form | UST BE RE<br>; an amend                            | GISTERED AND A ment must be file             | ACTIVE WITH THIS O   | FFICE.<br>al partner.         | _                             |               |  |
| 12.   | DOGGGGGG   | GENERAL PARTNER                         | INFORMATION  | 13.              | 1  |  | ADDRESS CHANG  | ES ONLY                       |                               | Once dukteri  |  |
| DOCUMENT #  NAME STREET ADDRESS   | P98000046466<br>BEN QUEVEDO, INC.<br>301 COSTA BRAVA COURT |   |  |                  | ET ADDRESS   | 10165 NW                                     | 10165 NW 19 STREET   |                               |                               |               |  |
| CITY-ST-ZIP   |  | ABLES FL 33143                          |  | CITY             | - ST-ZIP   | MIAMI, F                                     | MIAMI, FLORIDA 33172   |                               |                               |               |  |
| DOCUMENT#<br>NAME<br>STREET ADDRESS   |  |   |  | STRI             | ET ADDRESS   | _  |  |                               |                               | ٦             |  |
| CITY-ST-ZDP   |  |   | _  | CITY             | -ST-ZIP  | <del>-</del>                                 | <del>400003248904</del> 5  |                               |                               |               |  |
| NAME<br>STREET ADDRESS  |  |   |  |                  | ET ADDRESS   |  | -05/11/0601034010<br>****526.25 *****526                               |                               |                               |               |  |
| CITY-ST-ZIP   |  |   |  |                  | -ST-ZIP  |  |  |                               |                               |               |  |
| DOCUMENT # NAME STREET ADDRESS  |  |   |  | STRI             | ET ADDRESS   |  |  |                               |                               | _             |  |
| CITY-ST-ZIP   |  |   |  | CITY             | -ST-ZIP  |  |  |                               |                               | $\frac{1}{2}$ |  |
| DOCUMENT #  NAME  STREET ADDRESS  |  |   |  |                  | ET ADDRESS   |  | <u>,</u>   |                               |                               | -             |  |
| CITY-ST-ZIP   |  |   |  |                  | -ST-ZIP  |  |  |                               |                               | 4             |  |
| NAME .  |  |   |  |                  | ET ADDRESS   |  |  |                               |                               | _             |  |
| CITY-ST-ZIP   | and the sales and  | Distance and the state of the           | this filling plant and a large fact  |                  | -ST-ZIP  | in Cooling 140 07/01                         | (i) Florido Statutos 15 mil  | oor cortification             | the information               | -             |  |
| 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 |  |   |  |                  |  |  |  |                               |                               |               |  |
| SIGNATURE: SIGNATURE TO SIGNATURE AND THE PRINTED NAME OF SIGNING GENERAL PARTNER BET QUEVEDO DE DO DAYLING PRINTED NAME OF SIGNING GENERAL PARTNER BET QUEVEDO   |  |   |  |                  |  |  |  |                               |                               |               |  |
|   |  |   | The second of th |                  | nen da   | -1-40  | · · ·  | ,                             |                               |               |  |