2000 UNIFORM BUSINESS REPORT (UBR) A98000001744 DOCUMENT # 1. Entity Name **FILED** BALI-HAI PROPERTIES LIMITED PARTNERSHIP Mar 22 2000 8:00 am 00 Secretary of State Principal Place of Business Mailing Address FAL 5865 SOUTHWEST 119 STREET 5865 SOUTHWEST 119 STREET MIAMI FL 33156-5754 MIAMI FL 33156 3. Mailing Address 2. Principal Place of Business 5880 S.W 91_STX62-T 5880 S.W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2722268 FLOWPA Not Applicable MIAMI トフィルハフ Country \$8.75 Additional 5. Certificate of Status Desired 33/176 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMYRLES, JAMES J Street Address (P.O. Box Number is Not Acceptable 5865 SOUTHWEST 119 STREET **MIAMI FL 33156** Zip Code __6 City 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$1,000.00 10. Amount of Capital Contributions 9. Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS SMYRLES, VIRGINIA A NAME 5865 SOUTHWEST 119 STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP DOCUMENT # STREET ADORESS NAME 800003195818---04/04/00--01094--008 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ****141 25 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STATEST ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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: