Daytime Phone #

DOČUN I. Entity Name	MENT#	A9800	000)2745)	, ×		FILEC) IC OTATE		
	NA/GREENWALD	II, LTD.			.4.		DIVID	URETAKY O JON OF COR) IF STATE PORATIONS	97	
سسز	<i>y</i>				.4)					U	
Principal Place 8065 S.W. 107 MIAMI FL 3317	7TH AVE., #323		8065	ng Address 5 S.W. 107TH MI FL 33173-4			UU ,	JUL 12 P		6 8% 6 8% 68 % 10 %	
. Principal Pl	lace of Business		3. Ma	ailing Address	s				1010 15101 10111 88111	58(1) 88(1) 86 (1) 88(1	1 5 11 9 11 1 98 11 9 1881 9111 1981
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State			Cit	y & State	 ,			4. FEI Numbe	APPLIED	FOR L	Applied For Not Applicable
Zip	Cou	intry-	- g ⊷ Zip)	Cou	intry .		5. Certificate	of Status Desired		B.75 Additional se Required
	6. Name and A	ddress of Current F	Register	red Agent		Ţ	<u> </u>	7. Name and	Address of New	Registered Ag	ent
BROWN, GARY L ESQ. % BEDZOW, KORN, BROWN, LIPTON & MILLER, PA 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180				Α.		Street Address (F			is Not Acceptab	ole)	3
		its this statement for	the pur	pose of chan-	ging its registe	P	registere	ed agent, or both	ı, in the State of F	FL Florida.	Zip Code
8. The above SIGNATURE 9. Capital Cor	named entity subm Signature, typed or printed ntributions	nits this statement for d name of registered agent a \$1,000.00	and title if ap	pplicable	. <u> </u>	ered office or			11. MAKE CH	Florida. DATE BECK PAYABLE T	Zip Code Zip Code O DEPT. OF STATE EEE-INFORMATION
8. The above	named entity subm	d name of registered agent &	and title if ap	10. Amount o	(NOTE: Register of Capital Contr DA to date:	ered office or signatuributions	ure required	when reinstating)	11. MAKE CH SEE REVI CTIVE WITH T	DATE JECK PAYABLE TORSE SIDE FOR, HIS OFFICE, general partn	O DEPT. OF STATE EEE-INFORMATION Der.
8. The above SIGNATURE 9. Capital Cor as Shown c	named entity subm Signature, typed or printed ntributions on record. A GENE NOTE: Gene	d name of registered agent a	and title if ap	10. Amount of in FLORIII be changed	(NOTE: Register of Capital Contr DA to date:	ered office or wed Agent signatuributions MUST BE I m; an ame	ure required	when reinstating)	11. MAKE CH SEE REVI CTIVE WITH T	DATE JECK PAYABLE TERSE SIDE FOR. HIS OFFICE.	O DEPT. OF STATE EEE-INFORMATION Der.
8. The above SIGNATURE 9. Capital Cor	named entity subm Signature, typed or printed intributions on record. A GENE NOTE: Gene (P97000078139	\$1,000.00 RAL PARTNER TO BE THE PARTNER TO BE T	HAT IS Y NOT	10. Amount of in FLORIIS A BUSINE be changed	(NOTE: Register of Capital Contr DA to dete: SS ENTITY I d on the forr	ered office or wed Agent signatuributions MUST BE I m; an ame	ure required	when reinstating) ERED AND A must be filed	11. MAKE CH SEE BEVE CTIVE WITH TO change a ADDRESS C	DATE JECK PAYABLE TO SEE SIDE FOR. HIS OFFICE. general partn CHANGES ONLY 1320-011	O DEPT. OF STATE EEE-INFORMATION— Ider.
8. The above SIGNATURE 9. Capital Cor - as Shown to 12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	named entity subm Signature, typed or printed intributions on record. A GENE NOTE: Gene (C) P97000078139 POINCIANA DE 8065 S.W. 1071	\$1,000.00 RAL PARTNER TO BE THE PARTNER TO BE T	HAT IS Y NOT	10. Amount of in FLORIIS A BUSINE be changed	(NOTE: Register of Capital Control DA to determine SS ENTITY II don the form	ered office or ributions MUST BE i m; an ame 3. RREET ADDRESS TY-ST-ZIP	ure required	when reinstating) ERED AND A must be filed	11. MAKE CH SEE BEVE CTIVE WITH TO change a ADDRESS C 10103 -07/11 *****	DATE JECK PAYABLE TERSE SIDE FOR. HIS OFFICE. general partn CHANGES ONLY 3/00011	0 DEPT. OF STATE EEE-INFORMATION— 10er. 121-012 121-012 121-013
SIGNATURE 9. Capital Coras, Shown Capital Coras, Shown Capital Coras, Shown Capital Coras, Shown Capital	named entity subm Signature, typed or printed intributions on record. A GENE NOTE: Gene (C) P97000078139 POINCIANA DE 8065 S.W. 1071	\$1,000.00 RAL PARTNER TO BE THE PARTNER TO BE T	HAT IS Y NOT	10. Amount of in FLORIIS A BUSINE be changed	(NOTE: Register of Capital Control DA to date: SS ENTITY I d on the form 13 STI	ered office or wed Agent signatuributions MUST BE f m; an ame 3. IREET ADDRESS TY-ST-ZIP	ure required	when reinstating) ERED AND A must be filed	11. MAKE CH SEE BEVE CTIVE WITH TO change a ADDRESS C 10103 -07/11 *****	DATE JECK PAYABLE TERSE SIDE FOR. HIS OFFICE. general partn CHANGES ONLY 3/00011	0 DEPT. OF STATE EEE-INFORMATION Der. 1980 121-012 1*****52.50
8. The above SIGNATURE 9. Capital Cor - as Shown to 12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME	named entity subm Signature, typed or printed intributions on record. A GENE NOTE: Gene (C) P97000078139 POINCIANA DE 8065 S.W. 1071	\$1,000.00 RAL PARTNER TO BE THE PARTNER TO BE T	HAT IS Y NOT	10. Amount of in FLORIIS A BUSINE be changed	(NOTE: Register of Capital Contr DA to dete SS ENTITY I d on the forr str str str str str str str str str s	ered office or wed Agent signatuributions MUST BE I m; an ame 3. IPLEST ADDRESS IV-ST-ZIP IPLEST ADDRESS IV-ST-ZIP IPLEST ADDRESS IV-ST-ZIP IPLEST ADDRESS	ure required	when reinstating) ERED AND A must be filed	11. MAKE CH SEE BEVE CTIVE WITH TO change a ADDRESS C 10103 -07/11 *****	DATE JECK PAYABLE TERSE SIDE FOR. HIS OFFICE. general partn CHANGES ONLY 3/00011	0 DEPT. OF STATE EEE-INFORMATION— 10er. 121-012 121-012 121-013
SIGNATURE 9. Capital Cor 12. 10. 10. 10. 10. 10. 10. 10.	named entity subm Signature, typed or printed intributions on record. A GENE NOTE: Gene (C) P97000078139 POINCIANA DE 8065 S.W. 1071	\$1,000.00 RAL PARTNER TO BE THE PARTNER TO BE T	HAT IS Y NOT	10. Amount of in FLORIIS A BUSINE be changed	(NOTE: Register of Capital Contr DA to dete SS ENTITY II d on the forr sn sn sn sn	red Agent signatuributions MUST BE im; an ame International Agent Address ITY-ST-ZIP ITY-ST-ZIP ITY-ST-ZIP ITY-ST-ZIP ITY-ST-ZIP ITY-ST-ZIP	ure required	when reinstating) ERED AND A must be filed	11. MAKE CH SEE BEVE CTIVE WITH TO change a ADDRESS C 10103 -07/11 *****	DATE JECK PAYABLE TERSE SIDE FOR. HIS OFFICE. general partn CHANGES ONLY 3/00011	0 DEPT. OF STATE EEE-INFORMATION— 10er. 121-012 121-012 121-013
SIGNATURE 9. Capital Cor 12. 12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DOCUMENT # NAME DOCUMENT # NAME DOCUMENT #	named entity subm Signature, typed or printed intributions on record. A GENE NOTE: Gene (C) P97000078139 POINCIANA DE 8065 S.W. 1071	\$1,000.00 RAL PARTNER TO BE THE PARTNER TO BE T	HAT IS Y NOT	10. Amount of in FLORIIS A BUSINE be changed	(NOTE: Register of Capital Control DA to determine the form on the form of the	red Agent signatuributions MUST BE im; an ame I. IRREIT ADDRESS TY-ST-ZIP IRREIT ADDRESS TY-ST-ZIP IRREIT ADDRESS TY-ST-ZIP IRREIT ADDRESS	ure required	when reinstating) ERED AND A must be filed	11. MAKE CH SEE BEVE CTIVE WITH TO change a ADDRESS C 10103 -07/11 *****	DATE JECK PAYABLE TERSE SIDE FOR. HIS OFFICE. general partn CHANGES ONLY 3/00011	0 DEPT. OF STATE EEE-INFORMATION— 10er. 121-012 121-012 121-013
SIGNATURE 9. Capital Coras Shown of the sho	named entity subm Signature, typed or printed intributions on record. A GENE NOTE: Gene (C) P97000078139 POINCIANA DE 8065 S.W. 1071	\$1,000.00 RAL PARTNER TO BE THE PARTNER TO BE T	HAT IS Y NOT	10. Amount of in FLORIIS A BUSINE be changed	(NOTE: Register of Capital Control DA to date: SS ENTITY I d on the forr cn sn sn cn sn cn sn	ered office or wed Agent signatuributions MUST BE I m; an ame 3. IPLEET ADDRESS IV-ST-ZIP IPLEET ADDRESS IV-ST-ZIP IPLEET ADDRESS IV-ST-ZIP IPLEET ADDRESS IV-ST-ZIP IPLEET ADDRESS IV-ST-ZIP	ure required	when reinstating) ERED AND A must be filed	11. MAKE CH SEE BEVE CTIVE WITH TO change a ADDRESS C 10103 -07/11 *****	DATE JECK PAYABLE TERSE SIDE FOR. HIS OFFICE. general partn CHANGES ONLY 3/00011	0 DEPT. OF STATE EEE-INCORMATION— 10er. 121-012 121-012 121-013
S. The above SIGNATURE 9. Capital Cor as Shown to 12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	named entity subm Signature, typed or printed intributions on record. A GENE NOTE: Gene (C) P97000078139 POINCIANA DE 8065 S.W. 1071	\$1,000.00 RAL PARTNER TO BE THE PARTNER TO BE T	HAT IS Y NOT	10. Amount of in FLORIIS A BUSINE be changed	(NOTE: Register of Capital Control DA to determine the control on the form on the form on the form on the control on the contr	red office or vied Agent signatuributions MUST BE im; an ame 3. RREET ADDRESS TY-ST-ZIP RREET ADDRESS TY-ST-ZIP RREET ADDRESS TY-ST-ZIP RREET ADDRESS TY-ST-ZIP	ure required	when reinstating) ERED AND A must be filed	11. MAKE CH SEE BEVE CTIVE WITH TO change a ADDRESS C 10103 -07/11 *****	DATE JECK PAYABLE TERSE SIDE FOR. HIS OFFICE. general partn CHANGES ONLY 3/00011	0 DEPT. OF STATE EEE-INFORMATION— 10er. 121-012 121-012 121-013

SIGNATURE: