

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9900001208
1. Entity Name
 CASA TUA PARTNERS LTD.

FILED

01 JUN 25 AM 10:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 445 EAST RIVO ALTO DRIVE
 MIAMI BEACH FL 33139

Mailing Address
 445 EAST RIVO ALTO DRIVE
 MIAMI BEACH FL 33139

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
 65-0935833

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

6. Name and Address of Current Registered Agent
 FLETCHER, JOHN S
 MORGAN, LEWIS & BOCKIUS
 200 SOUTH BISCAYNE BLVD, SUITE 5300
 MIAMI FL 33131-2339

7. Name and Address of New Registered Agent
 Name: GRENDENE, MICHELE
 Street Address (P.O. Box Number is Not Acceptable):
 445 EAST RIVO ALTO DRIVE
 City: MIAMI BEACH FL Zip Code: 33139

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]* (NOTE: Registered Agent signature required when reinstating) DATE:

9. Capital Contributions as Shown on record: \$8,000,000.00
 10. Amount of Capital Contributions in FLORIDA to date: 1,140,000

**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 #	L99000004495	STREET ADDRESS	
NAME	CASA MIA G.P., LLC.	CITY-ST-ZIP	
STREET ADDRESS	445 EAST RIVO ALTO DRIVE	STREET ADDRESS	300004451549--3
CITY-ST-ZIP	MIAMI BEACH FL 33139	CITY-ST-ZIP	-06/29/01--01039--029
DOCUMENT #		CITY-ST-ZIP	****526.25 ****526.25
NAME		STREET ADDRESS	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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 of the above or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: Daytime Phone #: