DOCUMENT # 'A9900001369  1. Entity Name					FILED	
SHERIDAN 400, LTD.			ش <sup>خ</sup> ب و •.			SECRETARY OF STATE DIVISION OF CORPORATIONS
Principal Place of Business Mailing Address 6505 BLUE LAGOON DRIVE. SUITE 250 6505 BLUE LAGOO MIAMI FL 33126-6001 MIAMI FL 33126-60			-			:00_JUL_L7_PM_1:-25
	ace of Business erford Way	3. Mailing Address 701 Waterford Way Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
Ste 110	#, 8t <u>C</u> .	Ste 110				
City & State Miami,	Florida	City & State  Miami, Florida  Zip Country			4. FELNumber   Applied For   Not Applicable	
<sup>Zip</sup> 33126	Country USA	Zip 33126	Coun	USA		5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent
CACICEDO, RAMON R JR.,ESQ 6505 BLUE LAGOON DRIVE, SUITE 250 MIAMI FL 33126-6001				Street Address (P.O. Box Number is Not Acceptable) 701 Waterford Way, Suite 100		
				City Miami FL Zip.Code 33126		
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  RAMON R. Cacicedo, Jr. 4-28-00  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. Capital Contributions as Shown on record. \$600,000.000.000.000.000.000.000.000.000.						
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS EN' Y NOT be changed on th	FITY M e form	UST BE R ; an amer	EGIST	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS				-ST-ZIP		1 Waterford Way, Suite 110 ami, Fl 33126
CITY-ST-ZIP DOCUMENT# NAME	MIAMI FL 33126-6001		STRI	EET ADORESS		5000033348850
STREET ADORESS CITY-ST-ZIP			CITY	-ST-ZIP		07/25/0001048002 ****526.25 ****526.25
DOCUMENT / NAME		<u> </u>	-STRI	ET ADDRESS -	- -	FF \$526.25
STREET ADDRESS CITY - ST - ZIP DOCUMENT #			СПУ	-ST-ZIP		·
NAME STREET ADDRESS			1	ET ADDRESS	_	1
CITY-ST-ZIP DOCÜMENT#	<u></u>		1	ET ADDRESS		
NAME SITEST ADDRESS				- ST-ZIP		
CITY-ST-ZIP DOCUMENT#	<u> </u>		STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
indicated	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	that my signature shall have t	he same	e legal effec	t as if m	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or

4-28-00

Jose A. Gonzalez, VP 305-265-1771

Daytime Phone #