2001 UNIFORM BUSINESS REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001855

1. Entity Name

Miami Sunset Bay Apartments Limited Partnership

Principal Place of Business	Mailing Address
one Oakwood Blvd. Suite 195 Hollywood, FL 33020	same

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0962330 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Triad Housing Partners, LLC one Oakwood Blvd # 195 Hollywood, FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] Oliver Pfeffer, member 2/13/01
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. 8,928,000.00

10. Amount of Capital Contributions in FLORIDA to date. 8,928,000.00

11. 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 #	P99000064696	STREET ADDRESS	
NAME, STREET ADDRESS, CITY-ST-ZIP	THP Sunset Bay Corporation one Oakwood Blvd, # 195 Hollywood, FL 33020	CITY-ST-ZIP	300003783883--3 -02/27/01--01140--007 ****150.00 ****150.00
DOCUMENT #		STREET ADDRESS	
NAME, STREET ADDRESS, CITY-ST-ZIP		CITY-ST-ZIP	300003783883--3 -02/27/01--01140--006 ****385.00 ****385.00
DOCUMENT #		STREET ADDRESS	
NAME, STREET ADDRESS, CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME, STREET ADDRESS, CITY-ST-ZIP		CITY-ST-ZIP	BJC
DOCUMENT #		STREET ADDRESS	
NAME, STREET ADDRESS, CITY-ST-ZIP		CITY-ST-ZIP	2/21
DOCUMENT #		STREET ADDRESS	
NAME, STREET ADDRESS, CITY-ST-ZIP		CITY-ST-ZIP	

CR2E003 (11/00)

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] Oliver B. Pfeffer, Director 2/13/2001 (954) 929-7157x21
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #