2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001873

1. Entity Name

MARINA CLINTON ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
DIVISION
00 MAR -7 PM 12:25

Principal Place of Business	Mailing Address
3225 AVIATION AVENUE. SUITE 700 COCONUT GROVE FL 33130	C/O CLINTON COMMUNITIES. L.L.C. 3225 AVIATION AVENUE. SUITE 700 COCONUT GROVE FL 33133-4741

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0962444 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, SHAMIRA ESQ.
100 S.E. SECOND STREET, SUITE 3500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name RIEGER, RANDY E

Street Address (P.O. Box Number is Not Acceptable)

3225 AVIATION AVE. STE. 700

City COCONUT GROVE FL Zip Code 33133

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] Randy Rieger 3-3-00
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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00		

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 #	P99000099493	STREET ADDRESS	
NAME	MARINA CLINTON, INC.	CITY-ST-ZIP	
STREET ADDRESS	3225 AVIATION AVENUE, SUITE 700		
CITY-ST-ZIP	COCONUT GROVE FL 33130		
DOCUMENT #		STREET ADDRESS	mj 3/20/00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000003178820---1
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 REQUIRED Randy Rieger 3-3-00 (305) 860-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)

000400XX