2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001873

1. Entity Name

MARINA CLINTON ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
3225 Aviation Avenue, Suite 700 Coconut Grove, FL ~~33130~~	3225 Aviation Avenue, Suite 700 Coconut Grove, FL ~~33130~~

FILED

01 JUL -3 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 33133 / Country	Zip 33133 / 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	7. Name and address of New Registered Agent
Randy E. Rieger 3225 Aviation Avenue, Suite 700 Coconut Grove, Florida ~~33130~~	Name Street Address (P.O. Box Number is Not Acceptable) City **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, 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
$4,250,773		

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 # NAME STREET ADDRESS CITY-ST-ZIP	**P99000099493** Marina Clinton, Inc. 3225 Aviation Avenue, Suite 700 Coconut Grove, Florida ~~33130~~	STREET ADDRESS CITY-ST-ZIP	33133
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600004474446--8 -07/13/01--01050--001 ****535.00 ****535.00
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11. 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] PRES. 4/30/01 (305) 860-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

STEWART MARCUS