2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002112

1. Entity Name

POINTE ROYALE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33

Principal Place of Business: 9209 South Dadeland Blvd Suite 500 Miami, FL 33156

Mailing Address: 9200 South Dadeland Blvd Suite 500 Miami, FL 33156

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: Applied For — 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
	Name: Robert Spielman
	Street Address (P.O. Box Number is Not Acceptable): 9209 South Dadeland Blvd Suite 500
	City: Miami FL Zip Code: 33156

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 ________ 4/17/00
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. $1000

10. Amount of Capital Contributions in FLORIDA to date. $1000

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	EquityLine Timbrwalk INC 9209 South Dadeland Blvd Suite 500 Miami, FL 33156	STREET ADDRESS / CITY-ST-ZIP	600003290456--1
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	F00000000002	STREET ADDRESS / CITY-ST-ZIP	-06/15/00--01025--014 ****141.25 ****141.25
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CR2E003 (9/99)

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: Robert Spielman 4/17/00 305-670-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #