APPROVED
AND
FILED

02 MAY 29 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000019

1. Entity Name

FOR EYES REAL ESTATE, LP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
285 West 74TH Place
Suite, Apt. #, etc.
N/A
City & State
Hialeah FL
Zip
33014
Country
USA

3. Mailing Address
285 West 74TH Place
Suite, Apt. #, etc.
N/A
City & State
Hialeah FL
Zip
33014
Country
USA

DUE BY MAY 1

4. FEI Number
59-2004111
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code 33324

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on Books $1,690,789.00

10. Amount of Capital Contributions in FLORIDA to date. 0.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FILING 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

DOCUMENT #	F00000000377
NAME	FOR EYES REAL ESTATE GP INC
STREET ADDRESS	314 SOUTH STATE STREET
CITY-ST-ZIP	DOVER DELAWARE 19903
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	500005725655--9 -06/07/02--01044--004
STREET ADDRESS	*****97.50 *****97.50
CITY-ST-ZIP	500005725655--9 -06/07/02--01044--005
STREET ADDRESS	*****52.50 *****52.50
CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003B (12/01)

STAPLE CHECK HERE

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 Messa (Partner) 04/20/2002 (305)557-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #