LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # B 00000000096 02 JUN 20 AM 10:07 Pyramid Partners LP, Ltd. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE SAME 777 S. Flaglez Deve, StellolE Suite, Apt. #, etc. DUE BY MAY 1 West falm Beach Fl 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 3340 Certificate of Status Desired X Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Tumber is Not Acceptable) Suite 1101E IN THIS SPACE zip3°3401 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 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 300 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. M 0000 0000 6 19 DOCUMENT # Pyramid GP LLC 777 S. Flagler Drive, Suite 1101E West Palm Beach, FL 33401 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME 30/51/32-918/71<sup>2</sup>-005 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*ISO.00 \*\*\*\*ISO.00 DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS DO\_NOT\_WRITE CITY-ST-ZIP CITY - ST - ZIP\_ DOCUMENT # IN THIS SPACE STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS RAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

YRAMIA CF LLC, general partnership or Contact the Contact Properties, INC, Its manager

SIGNATURE:

CITY-ST-ZIP

4-26-02 (561)833-377