DOCUMENT # B 97000005584 1. Entity Name 1. Entity	——-
Principal Place of Business Mailing Address Mailing Add	——-
SECRETARY OF STATE TALLAHASSEE, FLORIDA	——-
Lexington Ave. Suite. 900 New York, NY 10170	——-
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zp Country Scentificate of Status Desired **8.75 Additional Fee Required **8.75 Additional Fee Required **8.75 Additional Fee Required **Street Address of New Registered Agent Name Comporation Comporation Service Company / 20 / Hays Street Tallahasse, FL 32301-2535 City FL Zip Code **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 Signature Signature A General Partner of registered agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Signature A General Partner of registered office or registered agent, or both, in the State of Florida. A General Partner of registered office or registered agent, or both, in the State of Florida. **Street Address** (P.O. Box Number is Not Acceptable) DATE Signature Signature Signature Signature A General Partner of registered agent, or both, in the State of Florida. **Street Address** (P.O. Box Number is Not Acceptable) DATE **Street Address** (P.O. Box Number is Not Acceptable) **DATE **Street Address** (P.O. Box Number is Not Acceptable) **DATE **Signature of Registered Agent Tallah as street address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent **To Acceptable of Status Desired **Street Address** (P.O. Box Number is Not Acceptable) **To Acceptable of Status Desired **To Acceptable	——-
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Name Comparation Street Company / 20 / Hays Street Tallahassel, Fl 32301-2525 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SiGNATURE Signature, typed or printed name of registered agent and the if applicable NOTE: Registered Agent signature registered agent, or both, in the State of Florida. NOTE: Signature, typed or printed name of registered agent and the if applicable NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. 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 A CANDOCON THE AcanDOCON THE	——-
Zip Country Zip Country 5. Certificate of Status Desired V \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Part Address (P.O. Box Number is Not Acceptable) 120	——∤
Signature typed or printed rame of registered and states. Signature typed or printed rame of registered and states. Signature typed or printed rame of registered and states. Signature typed or printed rame of registered and states. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT! NAME H 97 000000 7 IH A rand Cru Villa GP LLC HAY STREET ADDRESS STREET ADD	
6. Name and Address of Current Registered Agent Corporation Service Company /20/ Hays Street Tallahassel, FL 32301-2525 City FL Zip Code 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 Symbles, hyped or protect name of registered agent and the if applicable. (NOTE Registered Agent signature required when revetating) PATE 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP -07/05/0101056001 *********************************	
Comparation Service Company 1201 Hays Street Tallahasse, FL 32301-2525 City FL Zip Code 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 the if applicable. (NOTE: Registered Apent signature required when neinstation) 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT I MAYE 4 CAND CRU VILLA GP UC STREET ADDRESS CITY-ST-ZP -07/05/0101056001 *********************************	
City FL Zip Code 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 nonstating) 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT! NAME 4 rand Cru Villa GP LIC STREET ADDRESS CITY-ST-ZIP ACM YO IK NY 10170 STREET ADDRESS STREET ADD	
Tallahassu, FL 32301-2525 City FL Zip Code 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) 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT! NAME 4 47 400000 71H 4 47 40000 71H 4 47 40000 71H 4 4 6 AGO Cru Villa GP LLC STREET ADDRESS GITY-ST-ZIP ACMU YO'K, NY 10170 STREET ADDRESS STREET AD	
SIGNATURE Signature, hyped or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions as Shown on record. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT I MAKE H 97 000000 7 14 4 rand Cru Villa GP LIC STREET ADDRESS CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS	
9. Capital Contributions as Shown on record. 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 4 rand Cru Villa GP LIC STREET ADDRESS CITY-ST-ZIP DOCUMENT! NAME A CALL YO IK NY 10170 STREET ADDRESS	
9. Capital Contributions as Shown on record. 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 I NAME A rand Cru Villa GP LIC STREET ADDRESS H 20 Lexing fon Ave, Suite 900 CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS	-
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 4 rand Cru Villa GP LLC STREET ADDRESS CITY-ST-ZIP ACLU YO'K, NY /O/70 STREET ADDRESS CITY-ST-ZIP DOCUMENT! NAME STREET ADDRESS	CONTRACTOR OF THE
12. GENERAL PARTNER INFORMATION DOCUMENT! HAME A rand Cru Villa GP LLC STREET ADDRESS CITY-ST-ZIP DOCUMENT! NAME DOCUMENT! NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT! NAME 13. ADDRESS CHANGES ONLY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	M .
DOCUMENT H 97 000000 7 14 A rand Cru Villa GP LLC	
STREET ADDRESS CITY-ST-ZIP DOCUMENT! NAME 120 Lexing ton Ave, Such 400 CITY-ST-ZIP -07/05/0101056001 ******61.25 *******8 STREET ADDRESS	
DOCUMENT # STREET ADDRESS STREET ADDRESS	:4
NAME .	-5-
CITY-SI-ZIP	4
DOCUMENT # ****141.25 ****141.	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
DOCUMENT # . NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP DOCUMENT /	
NAME SIRE! ADDRESS	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
DOCUMENT # STREET ADDRESS NAME	
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 partner the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	ion hip or
SIGNATURE: MARK CHER 70 K U 18 01 (212) 293 89	