2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-12-2002 90579 013 ****50.00

DOCUMENT # L01000010639

1. Entity Name
UIRT LP, L.L.C.

Principal Place of Business	Mailing Address
5847 SAN FELIPE SUITE 850 HOUSTON TX 77057-3008	5847 SAN FELIPE SUITE 850 HOUSTON TX 77057-3008

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1696 NE MIAMI GDNS DR.	1696 NE MIAMI GDNS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH, FL	City & State: NORTH MIAMI BEACH, FL
Zip: 33179 Country	Zip: 33179 Country

4. FEI Number: X 76-0693532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CORPDIRECT AGENTS~~ ~~103 N. MERIDIAN ST.~~ ~~LOWER LEVEL~~ ~~TALLAHASSEE FL 32301~~	Name: MARCUS, ALAN J Street Address (P.O. Box Number is Not Acceptable): 20803 BISCAYNE BLVD SUITE # 301 City: AVENTURA FL Zip Code: 33180

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] 4/22/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

OK

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~PRSD~~ KATZMAN, CHAIM 1696 NE ~~MIAMI~~ GARDENS DRIVE ~~NORTH MIAMI BEACH~~ FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition ~~VP/D~~ VALERO, ~~DORON~~ 1696 NE ~~MIAMI GARDENS~~ DRIVE ~~NORTH MIAMI BEACH, FL 33179~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4/22/02 305 947-1644
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #