CR2E083 (11/00)

DOCU I. Entity Nam	MENT # L9300	0000302			** 1 5 Heave Com		
P & R REALTY, L.C.					FILE		
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,	e of Business .	Mailing Address		SE	CRETARY OF	CTATO	
7820 N.W. 56TH STREET 7820 N.W. 56TH STREET MIAMI FL 33166 MIAMI FL 33166				SECRETARY OF STATE TACLAHASSEE, FLORIDA			
2. Principal P	Place of Business	3. Mailing Address .					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	re	City & State		4. FEI Number	5-0443021	⊢	pplied For ot Applicable
Zip_,	Country	Zip	Country	5. Certificate of State		\$5.00 Add Fee Required	
	6. Name and Address of Current F	legistered Agent	Ala-a-a	7. Name and Addre	ss of New Registe	· · · · · · · · · · · · · · · · · · ·	
BLEUSTEIN, ROSS			Name Street Addre	ess (P.O. Box Number is No	t Acceptable)		
	V. 56TH STREET		Sileet Addie	ss (F.O. Box Number is inc			
MIAMI FL	33166			•			
	named entity submits this statement for	the purpose of changing its	City registered office or reg	istered agent, or both, in the		FL Zip Code	9
		nd title if applicable. (NOTE	registered office or reg	quired when reinstating)	e State of Florida.	FL Zip Code	9
3. The above	named entity submits this statement for Signature, typed or printed name of registered agent ar	rid title if applicable. (NOTE FILE NO Make Check Pa	registered office or reg E: Registered Agent signature rec DW!!! FEE IS \$50. ryable to Department	quired when reinstating) 00 nt of State	e State of Florida.	WE	9
3. The above	named entity submits this statement for Signature, typed or printed name of registered agent an MANAGING MEMBE	FILE NO Make Check Pa	registered office or reg E: Registered Agent signature rec DW!!! FEE IS \$50. yable to Departmen	quired when reinstating) 00 nt of State	e State of Florida.	ME GES	
3. The above	named entity submits this statement for Signature, typed or printed name of registered agent at MANAGING MEMBER MGRM BLEUSTEIN, ROSS 7820 N.W. 56TH STREET	rid title if applicable. (NOTE FILE NO Make Check Pa	registered office or reg E: Registered Agent signature rec DW!!! FEE IS \$50. ryable to Department	quired when reinstating) 00 nt of State	e State of Florida.	WE	e Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/15/01 305-717-9951 Date Dayline Phone #