APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) L99000006439 **DOCUMENT #** 1. Entity Name PERRY PROPERTIES SEVILLA, LLC Principal Place of Business Mailing Address 7300 NORTH KENDALL DRIVE 7300 NORTH KENDALL DRIVE STE 519 STE 519 MIAMI FL 33156 MIAMI FL 33156-7840 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

00 MAY 30 AM 11: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

					4 55186-1	- I IAn	plied For	
City & State		Ci	City & State		4. FEI Number 65 - 09		t Applicable	
Zip	Country	Ziŗ)	Country	5. Certificate of Status Desired	S5.00 Add Fee Required		
	6. Name and Address of Curre	nt Registe	red Agent		7. Name and Address of New R	egistered Agent		
				Name	Name			
KEY CORPORATE SERVICES, INC. 200 SOUTH BISCAYNE BLVD., 20TH FL MIAMI FL 33131				Street Address (P.O. Box Number is Not Acceptable)				
				City		FL Zip Code)	
8. The above	named entity submits this statement	for the pur	rpose of changing its re	gistered office or regis	stered agent, or both, in the State of Flo	rida.		
SIGNATURE _	Signature, typed or printed name of registered age	ant and title if a	nninable (NOTE: E	legistered Agent signature requ	ired when reinstation)	DATE		
	Signature, typed or printed name or registered age	ent and the ii a	ppiicaole. (NOTE: P	lagisterat Agailt signatura rade	with remarkating)			
				V!!! FEE IS \$50.0 able to Department	t of State			
9.	MANAGING MEN	MBERS/ME	MBERS	10.	ADDITIONS/	CHANGES		
TITLE	President	N/	سام Delete	TITLE		☐ Change	Addition	
MAME	President James F. Perry 7300 N. Kenelas		114 519	NAME				
STREET ADDRESS	7300 N. Kinela		, 3 / 2 3 · /	STREET ADDRESS				
CITY-8T-ZIP	Miami, F1. 33	156		CITY-ST-ZIP				
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KAME				NAME	4000032	293144-		
STREET ADDRESS				STREET ADDRESS City-St-Zip	400003 2 -06/16 <u>/</u>	ĎŨ−=OT00401	17	
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NAME TODAY	, <u> </u>			NAME STREET ADDRESS	- 4.			
STREET ADDRESS CITY-ST-ZIP				CITY-\$7-ZIP				
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TITLE NAME			☐ Deteta	TETLE NAME		C ocratigo		
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NAME				MARIE		•		
STREET ADDRESS		•		STREET ADDRESS				
CITY- #T- ZIP	· 			CITY- 8T- ZIP				
11. I hereby c indicated	ertify that the information supplied won this report is true and accurate a	vith this filin nd that my	ng does not qualify for the signature shall have the	ne exemption stated in e same legal effect as	Section 119.07(3)(i), Florida Statutes. if made under oath; that I am a manag	further certify that the in jing member or manage	nformation r of the	

limited liability company or the receiver or trustee ergovered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: