2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # MO100000004 FILED Petroleum Rearty I, LLC. 01 APR 30 PM 6: 19 SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 2. Principal Place of Business 3. Mailing Address <u>1200 Brickell</u> Avenue Brickell 200AVENUE Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suitl 1500 Suite City & State City & State 4. FEI Number Applied For Mam Miami Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Corporation Service Company 1201 Hays Street Street Address (P.O. Box Number is Not Acceptable) Tallahassee, FL 32301-2525 City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 1 FILE NOWIII FEE IS \$50.00 Make Check Payable to Department of State 2 ъ 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE **▼** Addition Delete TITLE ☐ Change Petroleum Realty Investment Partners LP NAME STREET ADDRESS 1200 Brickelly Avenue STREET ADDRESS Suttle 1500 CITY -ST-ZIP CITY-ST-ZIP Miani 33131 TITLE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME 000004217780---05/15/01--01101--009 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP *****50.00 ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST_ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Investment fartners,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: