The state of the s			
2000 UNIFORM	BUSINESS	<b>REPORT</b>	(UBR)

DOCUMENT # M9900001667  1. Entity Name				·	FILED		
TH CORAL SPRINGS ICE LLC				SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place	on of Duningan	Mailing Address		·		00 OCT -5 AMII: 02 ()	
•	ce of Business	Mailing Address	DRIVE S	LIITE 700			
4350 LAJOLLA VILLAGE DRIVE. SUITE 700 A350 LAJOLLA VILLAGE DRIVI SAN DIEGO CA 92122 SAN DIEGO CA 92122		PHITE. O	:. SUITE /00		LIBERTON LIFE SECTION AND PROFESSION AND PROFESSION AND COMPANY AN	1	
2. Principal Place of Business 3. Mailing Address					t 1002/2011 170 10210 101() DUIN UCH ABRIK COILE DOLET HALF ALTIO PINT (POL TOU		
Suite, Apt. #, etc. Suite, /		Suite, Apt. #, etc.	luite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State	City & State			4. FEI Number Applied For Not Applicable	
Zip	Country	Zip Country		itry		5. Certificate of Status Desired	
<u> </u>	8. Name and Address of Current	Registered Agent		<u> </u>		7. Name and Address of New Registered Agent	Ⅎ
· 1:_	i i V	÷		Name			7
THE PRE	NTICE-HALL CORPORATION SYST	EM, INC.		Street Address (P.O. Box Number is Not Acceptable)			
	YS STREET				·····		-
TALLAHA	SSEE FL 32301			City		<b>=1</b> 17: 0: de	$\dashv$
				City		FL Zip Code	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or	r registere	ed agent, or both, in the State of Florida.	١
SIGNATURE			•				1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signat	ure required w	when reinstating) DATE	
		FILE NO	ו ווושכ	FEE IS \$	50.00		
•		Make Check Pag	yable t	o Departi	ment of	State	
9.	MANAGING MEMBE	PS (MANAGERS	10.	<u></u>	<del></del>	ADDITIONS/CHANGES	4
TITLE	MGR	Delete	TITL			Change Addition	7 8
NAME	CAMPBELL, ROBIN A		NAM	E		3000034285434 -10/18/0001047007	١
STREET ADDRESS CITY-ST-ZIP	181 BAY STREET			et address i -st-zip			8
TITLE	TORONTO, ONTARIO	₹ Delete	1171		<del>;</del>	*************************************	-   5
NAME	MGR HILLGROVE, THOMAS W	FT Delete	NAM		(	C outside	
STREET ADDRESS	181 BAY STREET			ET ADDRESS			1
CITY-ST-ZIP	TORONTO, ONTARIO			-ST-ZIP	<u>.</u>		4
TITLE NAME	MGR	☐ Delete	TITLE NAM			Change Addition	1
STREET ADDRESS	STEET, RICHARD J 181 BAY STREET	•	1	ET ADDRESS"			•
CITY-ST-ZIP	TORONTO, ONTARIO		CITY	-ST-ZIP	i	<u>, , , , , , , , , , , , , , , , , , , </u>	
TITLE	MGRM	Delete	TITLE			∴ Change	۱
NAME STREET ADDRESS	TRIANGEL REALTH HAVEOTHERAS		NAM	et address			
CITY-ST-ZIP	4350 LAJOLLA VILLAGE DRIVE, S SAN DIEGO CA 92122	SUITE 700		-ST-ZIP			-
TITLE	MGRM	☐ Delete	TITLE			Change Addition	,
NAME	TrizecHahn Office Properties Inc.		NAM				1
STREET ADDRESS CITY-ST-ZIP	4330 La Julia Village Di. Sce. 700			et address -st-zip			
TITLE -	San Diego CA 92122-	1.233 □ Delete	TITLE			☐ Change ☐ Addition	$\exists$
NAME 5	-		NAM			C overse C require	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	<u> </u>	AL (90 - )	┸	-ST-ZIP		440 07(0)(1) Florida (1)	-
indicated	certify that the information supplied with I on this report is true and accurate and ibility company or the receiver or trustee	that my signature shall have t	he same	e legal effe	ct as if ma	ction 119,07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a managing member or manager of the ar 608, Florida Statutes.	
SIGNAT		UE JOE QUII TED NAME OF SIGNING RONNAGING I	Col		pin,	Vice President (858) 546-/00/ Date Dayline Phone *	
	Commission of the Author	or organica mengelation				Oayme Florio *	- 1