2001 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P96000068621~ 1. Entity Name BLACKROCK REALTY ADVISORS, INC. 04-05-2001 90446 039 ***150.00 Mailing Address Principal Place of Business 2730 S.W. 3RD AVENUE 2730 S.W. 3RD AVENUE SUITE 302 SHITTE 302 00031861 MIAM! FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address SJOI BLUE LAGOON DRIVE 5201 BLUE CABOON DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 560 Sure Silve Applied For 4. FEI Number City & State City & State 65-0687115 Not Applicable MI AM M.AMi Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33/26 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARSON. CARSON, DENNIS L Street Address (P.O. Box Number is Not Acceptable) 2730 S.W. 3RD AVENUE 5 201 BLUE LAGOON DRIVE SUITE 302 **MIAMI FL 33129** Zip Code 33/26 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 e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition D ☐ Delete TITLE TITLE CARSON DENNIS L. CARSON, DENNIS L NAME NAME 5201 BULE LAGOON DR. SUITE 560 STRÈET ADDRESS 2730 S.W. 3RD AVENUE, SUITE 302 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33129** □ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME^{*} STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 or supplemental report Strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

305-266-7700

Daytime Phone #