2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P98000005581 DOCUMENT # 1. Entity Name **Secretary of State** PRIMARY GENPAR, INC. (PALM SPRINGS) Principal Place of Business Mailing Address 1840 WEST 49TH STREET 1840 WEST 49TH STREET SUITE 700 SUITE 700 HIALEAH FLHIALEAH FL 33012 33012 2. Principal Place of Business 3. Mailing Address 1840 WEST 49TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 410 City & State City & State 4. FEI Number Applied For FL HIALEAH 65-0806736 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33012 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVER SCOTT 1110 BRICKELL AVENUE., PENTHOUSE 1 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33131 US City Zip Code 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 04/30/2001 Signature, typed or printed name 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME WEISS BRADLEY S NAME WEISS BRADLEY 1840 WEST 49TH STREET., STE 700 STREET ADDRESS 1840 WEST 49TH STREET., STE 410 STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP 33012 ☐ Delete TITLE ☐ Change NAME 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 ☐ Delete Сhапде TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 is true 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 receiver 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.

04/30/2001

Date

Daytime Phone #

BRADLEY S. WEISS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _