## SIGNATURE: ROBERT G. BERRIN

appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing General Partner Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name

### Entity Name: COLONIAL VILLAGE SHOPPING CENTER, LTD., LLLP Current Principal Place of Business:

4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33146

DOCUMENT# A21557

#### **Current Mailing Address:**

4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33146

#### FEI Number: 59-2660299

#### Name and Address of Current Registered Agent:

BERRIN, ROBERT G. 4601 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33146 US

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:

Electronic Signature of Registered Agent

#### **General Partner Detail :**

 Document #

 Name
 BERRIN, ROBERT G.

 Address
 4601 PONCE DE LEON BLVD. #300

 City-State-Zip:
 CORAL GABLES FL 33146

2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

### FILED Jan 09, 2017 Secretary of State CC1866298971

Certificate of Status Desired: No

Date

01/09/2017 Date

GENERAL PARTNER