

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A23498

**Entity Name:** PASS SKLAR CENTER, LTD.

**Current Principal Place of Business:**

801 NW 37TH AVE. #206  
MIAMI, FL 33125

**Current Mailing Address:**

801 NW 37TH AVE. #206  
MIAMI, FL 33125

**FEI Number:** 59-2763365

**Certificate of Status Desired:** No

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

CAPITAL SQUARE INC.  
801 NW 37 AVE  
SUITE 205  
MIAMI, FL 33125 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

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # V23618  
Name CAPITAL SQUARE, INC.  
Address 801 NW 37TH AVE., #205  
City-State-Zip: MIAMI FL 33125

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

**SIGNATURE:** CAPITAL SQUARE INC.

**REGISTER AGENT**

**02/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date