DOCUMENT # A9700002636 1. Entity Name			,	
DORNBUSCH FAMILY LIMITED PARTNERSHIP			FILED	- 77
Principal Place of Business Mailing Address 21150 POINTE PLACE. APT. 1903 AVENTURA FL 33180 Mailing Address 21150 POINTE PLACE. APT. AVENTURA FL 33180		03	01 APR -2 PM 12: 19 SECRETARY OF STATE TAHAMASSEE FLORIDA	(C ann in 18 ann a nn ann an
Suite, Apt. #, etc. Suite, Apt. #, etc.		8 Ct.	DO NOT WRITE IN TH	
APT. # 2502 APT # 250 City's State AVENTURA, FL AVENTURA		FL	4. FEI Number 65-0790832	Applied For Not Applicable
33180 Country 3		ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
DORNBUSCH, JAIME	Name			
21150 POINTE PLACE, APT: 1903 19955 NE 38 CT. AVENTURA FL 33180 RPT. 25			eet Address (P.O. Box Number is Not Acceptable)	
		City	F	Zip Code
8. The above named entity submits this statement for the pu	rpose of changing its regis	stered office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered agent and title if a	pplicable. (NOTE: Regi	istered Agent signature requir	ed when reinstating) DAT	Ε ,
9. Capital Contributions as Shown on record. \$7,004,799.00 In FLORIDA to date		ntributions	11. MAKE CHECK PAYAE SEE REVERSE SIDE	BLE TO DEPT. OF STATE FOR FEE INFORMATION
A GENERAL PARTNER THAT IS	A BUSINESS ENTITY	MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFI	CE.
NOTE: General Partners MAY NOT 12. GENERAL PARTNER INFOR		orm; an amenome 13.	nt must be filed to change a general p ADDRESS CHANGES	
DOCUMENT # P9700093571		STREET ADDRESS	7955 NE 38 Ct.	APT. 2502
NAME JKNM INVESTMENTS, INC. STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180				3180
DOCUMENT /		STREET ADORESS		
NAME Street Address City-St-Zip		CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	20000399	32429
		CITY-ST-ZIP	****526.2	
DOCUMENT # NXME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DÖCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZiP		
14. 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 is true and accurate and that my agnature 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 TRIME DORNBUSCH SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dayling Phone #				