

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000110

**Entity Name:** THE MAZZOLIN/LEMAR LIMITED PARTNERSHIP

**Current Principal Place of Business:**

16842 ROSE APPLE DRIVE  
DEL RAY BEACH, FL 33445-7022

**Current Mailing Address:**

16842 ROSE APPLE DRIVE  
DEL RAY BEACH, FL 33445-7022

**FEI Number: 20-2042083**

**Certificate of Status Desired: No**

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

MAZZOLIN, AMALIA  
16842 ROSE APPLE DRIVE  
DEL RAY BEACH, FL 33445-7022 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 #		Document #	
Name	MAZZOLIN, AMALIA	Name	LEMAR, AMALIA T
Address	16842 ROSE APPLE DRIVE	Address	400 E. OHIO STREET
City-State-Zip:	DEL RAY BEACH FL 33445-7022	City-State-Zip:	CHICAGO IL 60611

*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: AMALIA MAZZOLIN**

**GENERAL PARTNER**

**01/16/2017**

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

\_\_\_\_\_  
Date