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

Electronic Signature of Signing General Partner Detail

2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A0500000110

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

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

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

GENERAL PARTNER

03/04/2019 Date

FILED Mar 04, 2019 Secretary of State 4974647492CC

Certificate of Status Desired: No

Date