

**2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000001472

**Entity Name:** EXPOSHIPS, LLLP

**Current Principal Place of Business:**

199 EAST FLAGLER STREET  
#1760  
MIAMI, FL 33131

**Current Mailing Address:**

199 EAST FLAGLER STREET  
#1760  
MIAMI, FL 33131 US

**FEI Number:** 56-2524295

**Certificate of Status Desired:** No

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

LESTER, DAVID  
325 SOUTH BISCAYNE BLVD  
3526  
MIAMI, FL 33131 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 # P04000100059  
Name EXPOSHIPS GP, INC.  
Address 199 EAST FLAGLER STREET  
#1760  
City-State-Zip: MIAMI FL 33131

*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:** DAVID LESTER

**PRESIDENT**

**02/11/2019**

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

\_\_\_\_\_  
Date