SIGNATURE: CHRISTINA ALLMAN **GENERAL PARTNER**

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

Electronic Signature of Signing General Partner Detail

FEI Number: APPLIED FOR

Current Principal Place of Business:

Name and Address of Current Registered Agent:

TOLLEY, RACHEL L 2525 PONCE DE LEON BLVD 300 CORAL GABLES, FL 33134 US

DOCUMENT# A1300000690

151 N. NOB HILL ROAD

PLANTATION, FL 33322

Current Mailing Address: 151 N. NOB HILL ROAD

PLANTATION, FL 33322 US

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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 # ALLMAN, CHRISTINA Name 151 N. NOB HILL ROAD, STE 336 Address City-State-Zip: PLANTATION FL 33322

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

2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Entity Name: ALLMAN CAPITAL SOLUTIONS FAMILY LLLP

Feb 25, 2014 Secretary of State CC9538804498

Certificate of Status Desired: No

Date

02/25/2014

Date

FILED