DOCUMENT # A00000000050

1. Entity Name BERNARD FULLER FAMILY LIMITED PARTNERSHIP



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3: 24 OL AUG

SECRETARY OF STATE.

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Principal Place of Business Mailing A			iting Address	ng Address			ALLAMASSEL	, , , , , , , , , , , , , , , , , , , ,		
201 ALHAMBRA CIRCLE, #602 CORAL GABLES, FL 33134		20	201 ALHAMBRA CIRCLE, #602 CORAL GABLES, FL 33134				ı 89iti 18cii 80ii	NEIS EUN SEVIEN & ASE		
2. Principal Place of Business 3. Mailing Address		Mailing Address	ress							
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.		07202004	Chg-LP	CR2E00	03 (10/03)		
City & State		С	City & State			4. FEI Number 65-0971	<u> </u>			
Zip		Country	Z	ip	Coun	try	5. Certificate of	of Status Desired		8.75 Additional
	6. Name	and Address of Current	Regist	ered Agent		T	7. Name and	Address of New R		
				y		Name				
FULLER, ALLEN D 201 ALHAMBRA CIRCLE, #602 CORAL GABLES, FL 33134				Street Address (P.O. Box Number is Not Acceptable)						
OOT IT LE CE						City				Zip Code
	,					Only			FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE -										
	Signature, typed	or printed name of registered agen	t and title if	applicable					DATE	<u>-</u>
9. Capital Cor as Shown o	ntributions on record.	\$1000	ļ	10. Amount of Capita in FLORIDA to di		\$1000	\$1000 In accordance with s. 607.193(2)(b), F.S the limited partnership did not receive the prior notice.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								ner		
12. GENERAL PARTNER INFORMATION				i be changed on ti	110 10111	i, an amondino	in the ot be mot		orierai hari	
12.				 	13.	.,		ADDRESS CHA	<u>-</u>	
12. DOCUMENT /	P9700005	GENERAL PARTNE		 	13.				<u>-</u>	
	P9700005	GENERAL PARTNE	R INFO	 	13.	EET ADDRESS			<u>-</u>	
DOCUMENT #	P9700005	GENERAL PARTNE	R INFO	 	13.	EET ADDRESS			<u>-</u>	
DOCUMENT # NAME	P9700005 FULLER F 201 ALHA	GENERAL PARTNE 9323 FAMILY PARTNERS, I	R INFO	 	13.				<u>-</u>	
DOCUMENT / NAME STREET ADDRESS	P9700005 FULLER F 201 ALHA	GENERAL PARTNE 19323 FAMILY PARTNERS, I IMBRA CIRCLE, #602	R INFO	 	STRE	EET ADDRESS			<u>-</u>	
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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 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

SIGNATURE:

STAPLE CHECK HERE

Allen Fuller