1 of 2

DOCUMENT # A00000000569

1. Entity Name

HARMON FAMILY PARTNERSHIP, LTD.

FILED
01 JUL 27 AM 8:47
SECRETARY OF STATE
TALLAHASSEE

Principal Place of Business	Mailing Address
2 GROVE ISLE DRIVE, APT 510 COCONUT GROVE FL 33133	2 GROVE ISLE DRIVE, APT 510 COCONUT GROVE FL 33133

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 28, 2001

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SLOTO, JAMES R ESQ MISHAN SLOTO GREENBERG & HELLINGER, P.A. 200 S. BISCAYNE BLVD., SUITE 2350 MIAMI FL 33131	Name Street Address (P.O. Box Number Is Not Acceptable) City 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO: DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,000,000.00		

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HARMON, HAROLD 2 GROVE ISLE DRIVE, APT 510 COCONUT GROVE FL 33133	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HARMON, FLORENCE 2 GROVE ISLE DRIVE, APT 510 COCONUT GROVE FL 33133	STREET ADDRESS CITY-ST-ZIP	800804510158--3 -08/01/01--01004--003 *****526.25 *****526.25
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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: SIGNATURE REQUIRED Harold Harmon Florence Harmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 7-24-01 Daytime Phone #