DECUMENT # A0000000660							
NADLER FAMILY LIMITED PARTNERSHIP						FILED	
Principal Place of Business Mailing Address						01 APR -4 AM 9 06	
80 ST. JAME Palm Beach	S CT. I GARDENS FL	33418 ·	80 ST. JAMES CT. Palm Beach Gard	80 ST. JAMES CT. PALM BEACH GARDENS FL 33418		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address			T TO STORY TO AN OFFICE STATE	
			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Sta	ate		City & State			4. FEI Number Applied For Not Applied For Not Applied For	
Zip	<u> </u>	Country	Zip	Count	гу	5. Certificate of Status Desired 5. See Required	· · · · · · · · · · · · · · · · · · ·
	6. Name a	and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent	
					Name		
ENANDCO, INC. 80 ST. JAMES CT. PALM BEACH GARDENS FL 33418					Street Addres	ss (P.O. Box Number is Not Acceptable)	
					City	. FL Zip Code	
8. The above	e named entity	submits this statement	t for the purpose of changing	ng its registered		FL Zip Code stered agent, or both, in the State of Florida.	
8. The above				:	d office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE 9. Capital Co	Signature, typed or	submits this statement printed name of registered agr	ent and title if ennimable	(NOTE: Parietared	d office or regis	stered agent, or both, in the State of Florida.	ATE TIONS
SIGNATURE 9. Capital Co	Signature, typed or ontributions on record.	printed name of registered agr \$1,700,000.00 ENERAL PARTNEF	ent and title if applicable. 10. Amount of 0 in FLORIDA	(NOTE: Registered) Capital Contribute to date.	Agent signature requirements \$ \(\begin{align*} \	stered agent, or both, in the State of Florida. Lited when reinstating) DATE 13, 3/8. 57 LITEMAKE CHECK PAYABLE TO DEPT-OF, ST LITEMAKE	ATE TION
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9. Capital Coas Shown 12. DOCUMENT #	Signeture, typed or ontributions on record. A GI NOTE: P000000387 ENANDCO [\$1,700,000.00 ENERAL PARTNER GENERAL PARTN GENERAL PARTN 71 NC.	ent and title if applicable. 10. Amount of 0 in FLORIDA R THAT IS A BUSINESS MAY NOT be changed of	(NOTE: Registered Capital Contribu A to date. S ENTITY MU on the form;	Agent signature requirements \$ \(\begin{align*} \	stered agent, or both, in the State of Florida. DATE 11 **MAKE** CHECK PAYABLE TO DEPT-OF ST SEE REVERSE SIDE FOR FEE INFORMAT ISTERED AND ACTIVE WITH THIS OFFICE. Then must be filed to change a general partner. ADDRESS CHANGES ONLY	ATE TION 2
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Date Daytime Phone #