LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000932

1. Entity Name

The DLI Family Limited Partnership

DO NOT WRITE IN THIS SPACE

FILED

02 JUN 24 PM 4:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8045 Noremac Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State
Zip: 33141 Country: DADE	Zip Country

DUE BY MAY 1

4. FEI Number: 65-1009282 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John Incorvia, Esq

Street Address (P.O. Box Number is Not Acceptable): 655 NW 128 St.

City: Miami FL Zip Code: 33168

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.

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
$285,000.00	$285,000.00	

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

DOCUMENT #	P00000048171
NAME	SIGNIFICANT INVESTMENTS INC
STREET ADDRESS	8045 NOREMAC AVENUE
CITY-ST-ZIP	Miami Beach, FL 33141
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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: _____ GLENNIS ARIAS PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER