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THE SO	LOMON FAMILY LIM	ITED PARTNER	SHIP	FILED U		
Principal Place of Business		Mailing Address 01		MR 21 AM 11: 59		
	Fountains Circle Worth, FL 33467		S TA	ECRETARY OF STATE LLAHASSEE, FLORIDA		
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Star	te	City & State	<u> </u>		pplied For	
Zip	Country	Zip	Country '	5 Certificate of Status Desired S8.75 Ad	Iditional	
	6. Name and Address of Curre	nt Pegistered Agent		7. Name and Address of New Registered Agent	ed 	
	J. Hamo and Address of Carrel	v vadioreien wägur	Name	Indine and Addiess of Haw Vadistaled Whatt		
Joel Reinstein, Esq. 5355 Town Center Road, Suite 801 Boca Raton, FL 33486			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
			City			
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	named entity submits this statement Signature, typed or printed name of registered age			gistered agent, or both, in the State of Florida.		
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the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SOLOMON E A FAMILY CORP SIGNATURE: By: 194 | Letter | Edna Solomon, President 561-561-965-3916 Paytime Phone #