

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 30 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A01 000000 615**

1. Name of Limited Partnership

**ISKANDARANI Family Partnership LTD**

**800008943398**  
11/12/02--01127--015 \*\*641.25

2. Principal Office Address

**85 NW 168 ST #A**

Suite, Apt. #, etc.

**SUITE A**

City & State

**NO. MIAMI BEACH**

Zip

**33169**

Country

**FL**

3. Mailing Office Address

**16041 W. TROON CIRCLE**

Suite, Apt. #, etc.

City & State

**FL MIAMI LAKES FL**

Zip

**33014**

Country

**FL**

4. Date Formed or Registered

To Do Business in Florida

**3/19/01**

5. FEI Number

**65-108 8194**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

**\$1,980,000.00**

7b. Amount of Capital Contributions in FLORIDA to date:

**\$1.00**

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

**MARWAN ISKANDARANI  
FAMILY CORPORATION**

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**85 NW 168 ST  
SUITE A**

City, State and Zip Code

**NO MIAMI BEACH FL  
33169**

10a. Registration  
Document Number

**REINSTATEMENT**

**02**  
**dcc**

**Sent 2003 4BR**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

**MARWAN ISKANDARANI**

DATE

**11/7/02**

Typed or Printed Name of General Partner Signing Form

**MARWAN ISKANDARANI**

Telephone Number

CR2E039 (1/02)