FILED

03 MAR 10 AM 9:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000845

1. Entity Name
WILLIE DYNAMITE AND ASSOCIATES, LTD.

Principal Place of Business
6468 RACQUET CLUB DRIVE
LAUDERHILL, FL 33319

Mailing Address
P.O. BOX 21191
TALLAHASSEE, FL 32316

3/10

MJH

2. Principal Place of Business: 1580 Sawgrass Corp. Pkwy
Suite, Apt. #, etc.: 130
City & State: Sunrise, FL
Zip: 33323 Country: U.S.

3. Mailing Address: 1580 Sawgrass Corp. Pkwy
Suite, Apt. #, etc.: 130
City & State: Sunrise, Fl
Zip: 33323 Country: U.S.

4. FEI Number: 59-3733735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TURRAL, OMAR R
3348 THOMAS BUTLER ROAD
TALLAHASSEE, FL 32308
6468 Racquet Club Drive
Lauderhill, Fl 33319

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Omar Turral 2-27-03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $5,000.00

10. Amount of Capital Contributions in FLORIDA to date.

MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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	TURRAL, OMAR R	STREET ADDRESS	6468 Racquet Club Drive
STREET ADDRESS	3348 THOMAS BUTLER ROAD		
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	Lauderhill, Fl 33319
DOCUMENT #			
NAME		STREET ADDRESS	
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CR2E003 (10/02)

STAPLE CHECK HERE

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] Omar Turral 2-27-03 954-232-6571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #