A01000000991

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000991

1. Entity Name

FYNEX, LLLP

FILED
02 MAR 21 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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(1)

2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1
41 Pinnacle Cove	41 Pinnacle Cove	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens, FL	4. FEI Number: 65-1123053 ☐ Applied For ☐ Not Applicable
Zip: 33418 Country: USA	Zip: 33418 Country: USA	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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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
750,000.00	750,000.00	

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 #	P01000071825	STREET ADDRESS	
NAME	Fynex, Inc.	CITY-ST-ZIP	
STREET ADDRESS	41 Pinnacle Cove		
CITY-ST-ZIP	Palm Beach Gardens, FL 33418		
DOCUMENT #		STREET ADDRESS	100004793111
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	BK
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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: Andrew Lovett 1/22/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

A01000000991

ACCOUNT NO. : 072100000032

REFERENCE : 029985 7229347

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ ~~85.00~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 23, 2002 526.25

ORDER TIME : 3:09 PM

ORDER NO. : 029985-025

CUSTOMER NO: 7229347

CUSTOMER: Maria Etienne, Legal Asst
Kilpatrick Stockton Llp
Suite 2000
200 South Biscayne Boulevard
Miami, FL 33131

ANNUAL REPORT FILING

NAME: FYNEX, LLLP

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
02 JAN 23 PM 3:58
RECEIVED