

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (FEB)

A01000000991

FILED

02 MAR 21 AM 8:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A01000000991

1. Entity Name

FYNEX, LLLP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

41 Pinnacle Cove

3. Mailing Address

41 Pinnacle Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions

as Shown on record: **750,000.00**

10. Amount of Capital Contributions

in FLORIDA to date: **750,000.00**

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #

P01000071825

NAME

Fynex, Inc.

STREET ADDRESS

**41 Pinnacle Cove
Palm Beach Gardens, FL 33418**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Andrew Lovett

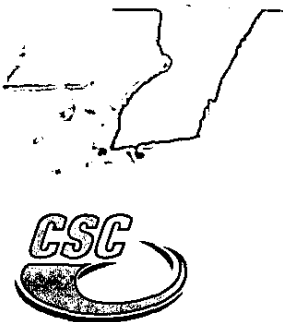
1/22/02

Date

Daytime Phone #

CR2003B (12/01)

STAPLE CHECK HERE



A01000000991

ACCOUNT NO. : 072100000032

REFERENCE : 029985 7229347

AUTHORIZATION : Patricia Pigute

COST LIMIT : \$ ~~9500~~

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TALLAHASSEE, FLORIDA

(2)

ORDER DATE : January 23, 2002

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

526.25

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

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 JAN 23 PM 3:58

RECEIVED

BK