

LIMITED PARTNERSHIP
UNIFORM BUSINSS REPORT

A01000000992

FILED

02 MAR 21 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000992

1. Entity Name

NEMEX, LLLP

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.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

4. FEI Number

65-1123051

Applied For

Not Applicable

Zip

33418

Country

USA

Zip

33418

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

DO NOT WRITE
IN THIS SPACE

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 filer if applicable

DATE

9. Capital Contributions

as Shown on record: 250,000.00

10. Amount of Capital Contributions

in FLORIDA to date: 70,000.00

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 #

P01000071822

NAME

Nemex, Inc.

STREET ADDRESS

41 Pinnacle Cove

CITY-ST-ZIP

Palm Beach Gardens, FL 33418

STREET ADDRESS

CITY-ST-ZIP

800004793098--9

DOCUMENT #

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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)(f), 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 Love

DATE

1/22/2002

Everyone Please #

STAPLE CHECK HERE

CR2E003B (12/01)

A01000000992



ACCOUNT NO. : 072100000032

REFERENCE : 029985 7229347

AUTHORIZATION :

Patricia Pizito

COST LIMIT : ~~526.25~~ 00

(2)

ORDER DATE : January 23, 2002

526.25

ORDER TIME : 3:14 PM

ORDER NO. : 029985-035

CUSTOMER NO: 7229347

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: NEMEX, LLLP

XX ANNUAL REPORT

BK

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: _____

RECEIVED
02 JAN 23 PM 4:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA