LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)** 

**DOCUMENT#** 

A01000001706 🕏

1. Entity Name

ABRIKA, LLLP

SIGNATURE:



FILED 03 MAY -5 PM 7: 05 SECRETARYOF STATE TALLAHASSEE FLORIDA



## DO NOT WRITE IN THIS SPACE

| 的问题,我们就是我们的问题,这就是问题我们是没有的人的问题,不是我们的人们的一个人,这一个人们,这个人们的现在分词,我们就是我们的人们就是这个人们的人,这个人们  | is to considerate the construction of the cons | is. An distillation desirates and the second desiration of the second d | 90.   | •  |
|---|--|--|---|--|
| 2. Principal Place of Business, 13800 NWand Street  | 3. Mailing Address SUME  |  | DO NOT WRITE IN THIS SPACE  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.  |  | OUE   | BY MAY 1   |
| SUNVISC, FL   | City & State   | City & State   |   | 2 Applied For Not Applicable   |
| 33325 Country 45  | Zip  | Country  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |
| 7. Name and Address of Current Registered Agent   |  |  |   |  |
| DO NOT WRITE Street Address (P.OBox-Number is Not Acceptable)   |  |  |   |  |
| IN THIS SPACE  Street Address (P.OBox Number is Not Acceptable)   |  |  |   |  |
| IIA IIIIO OF.   |  | City I I I   | O Fairtield   | LANC Zip Code 7 7 /  |
|   |  |  | <u> 3101)                                      </u>   | FL 333/  |
| 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   | d title if applicable.   |  |   | DATE   |
| 9. Capital Contributions as Shown on record.  | 10. Amount of Capit in FLORIDA to d  |  |   | K PAYABLE TO FL. DEPT OF STATE SE 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  | and the manual recommendation of the   |   |  |
| DOCUMENT # 17 1000001705  NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # 17 1000001705  ACFP LLLP ACFP LLP ACFP LANG 3330 FOITFIELD LONG 33331   |  | STREET ADDRESS   | 5000186<br>- 05/05/0301064-   | -019 ***141.25   |
|   |  | CITY-ST-ZIP  |   |  |
|   |  | GH1-51-2F  |   | 003B   |
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| NAME  |  |  |   |  |
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| - CITY-ST-ZIP   |  | CITY-SI-ZIP  | DO-NOT  | WRITE  |
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| STREET ADDRESS  <br>CITY-ST-ZIP   |  | CITY: ST-ZIP   |   |  |
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| DOCUMENT #<br>NAME  |  | STREET ADDRESS   | and white a state of the same of the same of  |  |
| STREET ADDRESS  |  |  | Calabration (No. 1997), No. 1887, No. 1887, Calabration (No. 1897), No. 1887, No. 1887, No. 1887, No. 1887, No.   |  |
| CITY-ST-ZIP   |  | CITY-SI-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 |  |  |   |  |