

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000001080

Entity Name: BOLINA MANAGEMENT, LLLP

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

C/O JHONNY SALOMON, M.D. P.A.
9055 SW 87TH AVENUE STE. 305
MIAMI, FL 33176

New Principal Place of Business:

6705 RED RD
SUITE 708
CORAL GABLES, FL 33143

Current Mailing Address:

C/O JHONNY SALOMON, M.D. P.A.
9055 SW 87TH AVENUE STE. 305
MIAMI, FL 33176

New Mailing Address:

6705 RED RD
SUITE 708
CORAL GABLES, FL 33143

FEI Number: 52-2370554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALOMON, JHONNY M
9055 SW 87TH AVENUE STE. 305
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

SALOMON, JHONNY A
6705 RED RD
SUITE 708
CORAL GABLES, FL 33143 US

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: JHONNY SALOMON

04/06/2009

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: SALOMON, JHONNY
Address: 9055 SW 87TH AVENUE STE. 305
City-St-Zip: MIAMI, FL 33176

ADDRESS CHANGES ONLY:

Address: 6705 RED RD, SUITE 708
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JHONNY SALOMON

PRES

04/06/2009

Electronic Signature of Signing General Partner

Date