2005 L	IMITE	DUE BY N		OR et n	Ξs	05					
DOCUMENT # A0300000993 1. Entity Name ALAM FAMILY LLLP							, M ih		05 MAR 28 PM		
Principal Place of Business Mailing Address							-	ار المارات الم المارات المارات	. I	J	
15020 SOUTHWEST 74TH AVENUE MIAMI FL 33158-2123				6020 SOUTHWEST 74 IAMI FL 33158-2123	th av	'ENUE			: 18		
2. Principal Ptace of Business				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			1ST MOC	DRE CR2E00	3 (10/04)	21-8	
City & State			+-(City & State			4. FEI Number 20-0083601 Applied For Not Applied by Applied Por				
Zip	Country			Zip	Cour	itry	5. Certificate of Status Desired See Required			Additional	
	6. Name and Address of Current Register						7. Name and Address of New Registered Agent				
ALAM, NASIR M 15020 SOUTHWEST 74TH AVENUE MIAMI FL 33158-2123						Street Address (Street Address (P.O. Box Number is Not Acceptable)				
						City		F	Zip C	ode	
8. The above named entity submits this statement for the purpose of changing its registered in the State of Florida. I am familiar with, and accept the obligations of registered agent.							tered agent, or both,				
SIGNATURE Signature, typed or printed name of registered egent and title if applicable DATE								11. FILE NOW!!! D See Block 11 in			
9. Capital Contributions as Shown on record. \$1,000,000.00 in FLORIDA to da						butions	368.00				
		GENERAL PARTNER				IUST BE REGIST	TERED AND ACTIV				
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION						·		DDRESS CHANGES O			
DOCUMENT #	L03000025110				STRE	ET ADDRESS					
NAME STREET ADDRESS	ALAM MANAGEMENT, LLC 15020 SOUTHWEST 74TH AVENUE										
CITY-ST-ZIP					CITY	-ST-ZIP					
DOCUMENT # NAME					STR	EET ADDRESS	03/28/0501003014 **2276.25				
STREET ADDRESS CITY-ST-ZIP					CITY	CITY-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
DOCUMENT # NAME					SIR	ET ADDRESS					
STREET ADDRESS CITY-ST-2IP FF \$586, 85					CITY	-ST-ZIP					
DOCUMENT # NAME					STRE	EET ADORESS					
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZIP					
DOCUMENT #					STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					CITY	-ST-ZiP					
14. I hereby indicated	certify that th l on this repo	e information supplied wit rt is true and accurate and	n this fi I that m	ling does not qualify for sy signature shall have t	the exe	mption stated in Se e legal effect as if n	ection 119.07(3)(i), Flori nade under oath; that I	da Statutes. I further c am a General Partner	ertify that th of the limite	e information d partnership or	

STAPLE CHECK HERE