

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR -8 PM 2:21

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A04000001096

1. Name of Limited Partnership

MARKETS EDGE, LTD.

REINSTATEMENT

2008-10 SEM

2. Principal Office Address - No P.O. Box #

3300 UNIVERSITY DR

3. Mailing Office Address

3300 UNIVERSITY DR

Suite, Apt. #, etc.

311

Suite, Apt. #, etc.

311

City & State

CORAL SPRINGS

City & State

CORAL SPRINGS

Zip

33065

Country

US

Zip

33065

Country

US

000171178050

03/04/10--01003--010 **1500.00
CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida

07-06-2004

5. FEI Number

20-1326020

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
MARKETS EDGE MANAGEMENT, LLC

Street Address (P.O. Box Number is Not Acceptable)

3300 UNIVERSITY DRIVE, SUITE 311

Suite, Apt. #, Etc.

311

City

CORAL SPRINGS

State

FL

Zip Code

33065

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

MAJED SOUEIDAN

DATE **02-26-10**

(REGISTERED AGENT MUST SIGN) **MAJED SOUEIDAN, MGR**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

**MARKETS EDGE
MANAGEMENT, LLC**

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**3300 UNIVERSITY
DRIVE, SUITE 311**

City, State and Zip Code

**CORAL SPRINGS FL
33065**

10a. Registration
Document Number

L04000050374

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE

MAJED SOUEIDAN

DATE

3/2/10

Typed or Printed Name of General Partner Signing Form

MAJED SOUEIDAN, MGR, MARKETS EDGE MANAGEMENT, LLC (GP)

Telephone Number

(954) 525-1838