

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000398

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** BUCELO FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1401 PONCE DE LEON BLVD., SUITE 401  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1401 PONCE DE LEON BLVD., SUITE 401  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 51-0570232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOSTRO, LOUIS  
C/O SHUTTS & BOWEN LLP  
201 S. BISCAYNE BLVD., SUITE 1600  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L06000028738  
Name: BUCELO FAMILY MANAGEMENT COMPANY, LLC  
Address: 1401 PONCE DE LEON BLVD., SUITE 401  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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: BUCELO FAMILY MANAGEMENT COMPANY, LLC

GP

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date