## 2010 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A07000000813

Entity Name: MIRACLE 4, LLLP

Address:

City-St-Zip:

649 HERMITAGE CIRCLE

PALM BEACH GARDENS, FL 33410

FILED Jan 17, 2010 Secretary of State

| Current Principal Place of Business:             |  |                   |                 | New Principal Place of Business:          |                        |             |                          |              |
|--|--|-------------------|-----------------|---|------------------------|-------------|--------------------------|--------------|
|  | TAGE CIRCLE<br>CH GARDENS                    |                   |                 |   |                        |             |                          |              |
| Current Ma                                       | ailing Addres                                | s:                |                 | N   | lew Mailing A          | ddress:     |                          |              |
|  | TAGE CIRCLE<br>CH GARDENS                    |                   |                 |   |                        |             |                          |              |
| FEI Number:                                      | 26-0405558                                   | FEI Number Appl   | ied For()       | FEI Numb                                  | er Not Applicable      | <b>;</b> () | Certificate of Status De | esired ( )   |
| Name and Address of Current Registered Agent:    |  |                   |                 | Name and Address of New Registered Agent: |                        |             |                          |              |
| 649 HERMÍ  | WILLIAM N<br>TAGE CIRCLE<br>CH GARDENS       |                   | JS              |   |                        |             |                          |              |
| The above in the State                           | named entity s<br>of Florida.                | ubmits this state | ment for the pu | urpose of o                               | hanging its reg        | gistered of | ffice or registered ag   | ent, or both |
| SIGNATUR   | RE:  |                   |                 |   |                        |             |                          |              |
|  | Electron                                     | ic Signature of R | egistered Age   | ent                                       |                        |             | Date                     |              |
| GENERAL PARTNER INFORMATION:                     |  |                   |                 | А   | DDRESS CHANG           | ES ONLY:    |                          |              |
| Document #:<br>Name:<br>Address:<br>City-St-Zip: | HANDLER, MEL<br>649 HERMITAG<br>PALM BEACH G |                   | )               |   | ddress:<br>ity-St-Zip: |             |                          |              |
| Document #:<br>Name:                             | HANDLER, WIL                                 | _IAM N            |                 |   |                        |             |                          |              |

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: WILLIAM HANDLER GP 01/17/2010