

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000813

Entity Name: MIRACLE 4, LLLP

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

649 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

649 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 26-0405558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANDLER, WILLIAM N  
649 HERMITAGE CIRCLE  
PALM BEACH GARDENS, FL 33410 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 #:

Name: HANDLER, MELISSA R  
Address: 649 HERMITAGE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: HANDLER, WILLIAM N  
Address: 649 HERMITAGE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 N. HANDLER

GP

01/07/2011

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

\_\_\_\_\_  
Date