FILED

	PLEASE READ A	LL INSTRUCTI	ONS BEFOR	EC	OMPLETING THIS FO	RM 2022 - 144 - 15	
LIMITED PARTNERSI REINSTATEM	HIP E	FLORIDA DEPART Secretary DIVISION OF CO	y of State	ΤE		SECRETARY ALLAHASSEF	
1. Name of Limited Part	T# A150000005 thership DERS PARTNER		RTNERSHII	P			
					50042	358900	j
2. Principal Office Address - No P.O. Box # 13771 LEBATEAU ISLE Suite, Apt. #, etc.		3. Mailing Office Address 13771 LEBATEAU ISLE			CR2E039	(1/11)	
		Suite, Apt. #, etc.		Dato Formed or Registered To Do Buchese in Fiorida			
City & State PALM BEACH GARDENS		CIV & SIDIO PALM BEACH GARDENS			5. FEI Number 68-0444611	Applied F	
33410	Country USA	^{ZIp} 33410	Country USA		6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee rec for a Certificate of Sta	
8. Name and Address of Current Registered Agent Name MURIEL SALTZMAN Street Address (P.O. Box Number is Not Acceptable) 13771 LEBATEAU ISLE					7. FEES: Filling Fee(e): \$411.25 for each year due this office. Supplemental Fee(e): \$88.75 for each year due this office. Pennity Fee(e): \$500 for each year or part thereof Emited purtnership revoked on our records.		
Sulte, Apt. #, Etc.	TEAU ISLE				E-mall Address:		
CITY PALM BEA	CH GARDENS	Zip Code FL 33410			E-Mail eddress to be used for future across report notices.		-]
Fichida Statutus. SIGNATURE (Registered A	gent Accepting Appointment)	(REG	ISTERED AGENT HUST	SIGN)	tand agent, I am familior with, and accept the DATE RTNERSHIP OR OTHER JITH THIS OFFICE.		_
10. Name(s) of Osnoral Patinaris)		Address of Each General Partner (Do NOT Use Post Office Boc Numbers)			City, State end Zip Code	10a. Registration Document Numbs	·
MURIEL SA	LTZMAN	13771 LEBA	TEAU ISLE	PAL	M BEACH GARDENS, FL 33410		
					nent must be filed to chan		
Cability of non-compC	ance with Chapter 119, E.S. let the ever	at that the information supplies if	s de eme o exempl si cui pos-	of the P	thed in Chapter 119, florida Starutes, I release the s. Herther certify that the information indicated or mixed permenship, receiver or brustee empowered s third degree felowy as provided for in ±817.153, it	to execute this report as required	y urate by
SIGNATURE_	ls/ Harvey Rogoff, Succes	ssor on behalf of Murie	Saltzman		DATE 6-13-	-23	_
Typed or Printed Name of G	isnoral Partner Signing Form <u>Ha</u>	rvey Rogoff			Telephone Number	T MULCON	

State of New York) County of Nassau)ss:

AFFIDAVIT OF SUCCESSOR GENERAL PARTNER ASSET BUILDERS PARTNERS LIMITED PARTNERSHIP

HARVEY ROGOFF, being of full age, upon his oath deposes and says:

- 1. I am a Certified Public Accountant and I maintain a business address at 100 Jericho Quadrangle, Jericho, New York.
- 2. I have been the long-time advisor to the late Muriel Saltzman, who passed away on December 13, 2022. A copy of her death certificate is attached as "Exhibit A"
- 3. Until the time of her death, Muriel Saltzman served as General Partner of The Asset Builders Partners Limited Partnership (the "Limited Partnership")
- 4. On July 27, 2021, pursuant to the authority granted to her under the Operating Agreement of the Limited Partnership. Muriel Saltzman designated me to serve as Successor General Partner in the event that she was unable to serve for any reason. A copy of the designation is attached as "Exhibit B"
- 5. I have agreed to serve as General Partner of the Partnership
- 6. I make this affidavit to induce the Florida Secretary of State to accept my designation as General Partner of the Partnership.

Harvey Rogoff

Sworn to before me this .31 57 day of May, 2023

RITA MARINARO

Notary Public, State of New York No. 01MA6121060

Qualified in Nassau County
Commission Expires January 3, 2025

Marinary

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

CUMENT N	IUMBER	150000 S33 **PLEASE FILE THE ATTACHED AND RETURN**
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$\langle X X \rangle$	<u>,</u>	Plain Copy
	_	Certified Copy
	_	Certificate of Status
	- -	
	***	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	- .	Certified Copy of Arts & Amendments
	- √ ∳	Certified Copy of Arts & Amendments Complete File (Inclading Annual Reports)
	_	Certificate of Status
	- ;	Certificate of Status Reflecting:
		APOSTILLE' / NOTARIAL CERTIFICATION
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