LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

A 22591

1. Entity Name

STAPLE CHECK HERE

SIGNATURE:

CAPITAL GAINS GROUP, LTD.



FILE.D

03 APR 30 PM 12: 48

SECRETARY OF STATE TALLAHASSEE FLORIDA

MIN

DO NOT WRITE IN THIS SPACE								•				
2. Principal Place of Business 322 EAST CENTRAL BLVD			3.	3. Mailing Address CAPITAL GAINS O. MILLER				DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc.				Suite, Apt. #, etc.		112		BY MAY 1				
APT 1615 City & State				P.O. Box 540 City & State	,	4. FEI Num	or and the state of		ΙΔr	oplied For		
ORLANDO, FL				ORLANDO, FL			-27/3/3	٥	<u> </u>	ot Applicable		
Zip Country 32801 USA		*	3	Zip 32856-0407		try J.S.A	5. Certificate of Status Desired \$8.75 Additional Fee Required					
Name								7. Name and Address of Current Registered Agent				
DO NOT WRITE						BROWN, LEWIS						
DO NOT WRITE						Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE						ONE BISCAYNE TOWER 250 BISCAYNE BLUD.						
						City MIAMI FL Zip Code 33 131						
8. 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. I am familiar with, ar											and accept	
the obligations of registered agent Pom No Change									Mastos			
SIGNATURE Signature, typed of printed name of registered agent and title if applicable.									DATE			
9. Capital Contributions as Shown on record. 7,421,152,55 in FLORIDA to date. 7,421,467,9								· · · · · · · · · · · · · · · · · · ·	CK PAYABLE T RSE SIDE FOR	是这个位置的对对的工作的工作的工作的工作。	2015年11月1日 11月1日 1	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.												
12. GENERAL PARTNER INFORMATION												
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 aport as required by Chapter 620, Florida Statutes												