LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 20 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A27099

1. Entity Name

SAM LEWIS LIMITED PARTNERSHIP

P.O. BOX 16206
~~Plantation,Florida, 33318~~

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 16206	
City & State		City & State Plantation,Florida,	
Zip	Country	Zip	Country

DUE BY MAY 1

4. FEI Number 65-0255954 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporate Creations Inc.

Street Address (P.O. Box Number is Not Acceptable): ~~941 Fourth Street~~ #200

City: Miami Beach, Fla. **FL** Zip Code: 33139

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.

SIGNATURE: [signature] as Vice President for Corporate Creations Inc. JUNE 18, 2002
Signature, type or print name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
15,000.00	10,000..00	

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

DOCUMENT #	P01000113909	STREET ADDRESS	900005910339--1
NAME	Joseph M. Lewis Group Holdings Inc.	CITY-ST-ZIP	-06/21/02--01073--001 ****167.50 ****167.50
STREET ADDRESS	PO BOX 16206		70.00-LP
CITY-ST-ZIP	PLANTATION, FLA. 33318		88.75-Adm
			8.75-Cert
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	**DO NOT WRITE**
STREET ADDRESS			**IN THIS SPACE**
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DOCUMENT #		STREET ADDRESS	
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CR2E003B (12/01)

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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 report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] Samuel Lewis, Director 17 APRIL 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #