LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 MAR -6 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A27406

1. Entity Name
Preppies, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2235 SE Midport Rd.
Suite, Apt. #, etc.
City & State: Port St. Lucie, Fl.
Zip: 34952 Country: USA

3. Mailing Address
Passariello & Stavano
6466 NW 5th Way
Suite, Apt. #, etc.
City & State: Fort Lauderdale, Fl.
Zip: 33309 Country: USA

DUE BY MAY 1ST

4. FEI Number 65-0090446 ☐ 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: Segal, Mike
Street Address (P.O. Box Number is Not Acceptable)
Broad & Cassel, Suite 3000
201 Biscayne Blvd.
City: Miami FL Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 171,471.00

10. Amount of Capital Contributions in FLORIDA to date. 171,471.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

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 #	K38729	STREET ADDRESS	20 Castle Hill Way, Seawall's Point
NAME	BJO INC	CITY-ST-ZIP	Stuart, Fl. 34996
STREET ADDRESS	~~3305 S.W. Rivers End Way~~		
CITY-ST-ZIP	~~Palm City, Fl. 34990~~		
DOCUMENT #	K38747	STREET ADDRESS	
NAME	EGT, INC.	CITY-ST-ZIP	
STREET ADDRESS	518 N. RiverPoint Dr.		
CITY-ST-ZIP	Stuart, Fl. 34994		
DOCUMENT #		STREET ADDRESS	600005097816--6 -03/12/02--01070-016 ****526.25 ****526.25
NAME		CITY-ST-ZIP	DO NOT WRITE
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CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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: _____ Eileen Levin MD. Pres Ext Inc Gen Ptr 3/2/02 772-283-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #