OCUN Entity Name	MENT # A286	699		3	FILED
JACKSON SQUARE LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS
incinal Place	e of Business	Mailing Address			- 00 APR 13 AM 11: 43
•	IE COMPANIES Y AVENUE	C/O CARNEGIE CO 10 BROADWAY AVI BEDFORD OH 4414	'ENUE		
Principal Pl	lace of Business	3. Mailing Address	. Mailing Address		T 1861011 FOUR HARDE ARTHO SHAPE HEND INTH BANDE OLDER BLOCK BLOCK BROKE BERLE BERLE FEBRUAREN
Suite, Apt. #, etc. Suite, Apt. #, etc.			·	DO NOT WRITE IN THIS SPACE	
City & State		City & State	City & State		4. FEI Number 34-1628787 Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		Name	7. Name and Address of New Registered Agent
PESSES, MARVIN 6430 VIA PQSA BOCA RATON, FL. FL 33433				Street Address (P.O. Box Number is Not Acceptable) City Zip Code	
	*				stered agent, or both, in the State of Florida.
	Signature, typed or printed name of registered a ntributions \$350,000.0	gent and title if applicable. 10. Amount of in FLORID. R THAT IS A BUSINES	(NOTE: Registered f Capital Contrib)A to date.	d Agent signature required putions	istered agent, or both, in the State of Florida. DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION SISTERED AND ACTIVE WITH THIS OFFICE.
GNATURE _ Capital Cor as Shown o	Signature, typed or printed name of registered a ntributions on record. \$350,000.C A GENERAL PARTNE NOTE: General Partners	gent and title if applicable. 10. Amount of in FLORID. R THAT IS A BUSINES MAY NOT be changed.	(NOTE: Registered f Capital Contrib DA to date. SS ENTITY MI I on the form;	d Agent signature required putions	istered agent, or both, in the State of Florida. DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION AISTERED AND ACTIVE WITH THIS OFFICE. Inent must be filed to change a general partner.
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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

CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

SIGNATURE RECORDED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER