200°	1 UNI	FOR	M BUSI	NESS REP	ORT	(UBI	R)					
DOCUMENT # A29058												
MINILIK PARTNERS, LTD.								FILED				
Principal Place of Business Mailing Address						- -		01 MAY -2 AN IO 52				
5401 S. KIRKI SUITE 725 ORLANDO FL 2. Principal F	32819	ess	0	5401 S. KIRKMAN ROAD SUITE 725 ORLANDO FL 32819			······································	SECRETARY OF STATE TALLAHASSE, FL ORIDA				
5728 MAJOR Blud 5728 MAJ Suite, Apt. #, etc. Suide 601 Suite 60						Blu	rd	DO NOT WRITE IN THIS SPACE				
City & Stat		P	 L ·	City & State Or / And O	F			4. FEI Number	59-2984896		Ŧ	Applied For Not Applicable
Zip 3 2 8		Count		Zip 32819	Coul			5. Certificate of	of Status Desired			Additional quired
200		and Add	fress of Current F		-			7. Name and	Address of New Re			
-		ı		Name								
KHATIB, RASHID A 5401 KIRKMAN RD., SUITE 725						Street A	ddress (28 M	AJÖR BLY	D'STE. 60	1		
ORLANDO FL 32819						Q	RLAN	DOFL 32	819	•		
						City				FL	Zip	Code
8. The above	submits	this statement for	the purpose of changing it	register	red office or	registere	ed agent, or both	, in the State of Flori	da.			
SIGNATURE .	or printed na	rne of registered agent ar	nd title if applicable (NO	1 : Registere	ed Agent signatu	Deriuper eru	when reinstating)		DATE			
9. Capital Contributions as Shown on record. \$1,200,000.00 10. Amount of Capital in FLORIDA to capital in FL								3 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
	A C	ENER/ Gener	AL PARTNER TH	HAT IS A BUSINESS EI	TITY N	IÚST BE F 1; an amei	RÉGIST ndment	ERED AND AG	CTIVE WITH THIS	OFFICE. eral partn	er.	
12. GENERAL PARTNER INFORMATION									ADDRESS CHAP			
DOCUMENT # NAME	and the second s						5	728 MAJ	OR BLVD., S	TE. 60	1	
STREET ADDRESS CITY-ST-ZIP	5401 KIRKMAN RD STE 725 ORLANDO FL					r-st-zip	(5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819				
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14. I hereby certify that the information supplied with this filing does not qualify to 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 Charter 620, Florida Statutes

Reshid A Khatib

Reshid A Khatib

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dayline Phone #

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #,

CITY-ST-ZIP

NAME STREET ADDRESS