DOCUN 1. Entity Name	MENT # A9300	00001108	,		
YZAGUIRRE FAMILY LTD.				SECRETARY OF STATE CIVISION OF CORPORATIONS	
Principal Place of Business		Mailing Address		00 APR 21 AM 3: 05	
P.O. BOX 2109 ROYAL PALM (937 BEACH FL 33421	P.O. BOX 210937 ROYAL PALM BEACH FL	33421-0937		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0450416 Applied For Not Applicable	
Zíp 	Country	Zîp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent	
	IE, ANDRES UBLE TREE CIRCLE		Street	Street Address (P.O. Box Number is Not Acceptable)	
	ON FL 33414				
		_	City	FL Zip Code	
					
SIGNATURE _	named entity submits this statement f	- Andpery	ZAGUIRRI	or registered agent, or both, in the State of Florida. BENERAL FOR STATE DATE	
SIGNATURE _	Signard, type date name of registered elementributions \$200,000.00	t and little if applicable. Tho	PAGUIOR! TEMPISTERED Agent significant si	or registered agent, or both, in the State of Florida. Interpretation Florida F	
SIGNATURE _	Signand, types American of registered agen htributions \$200,000.00	t and little if applicable. Tho	PAGUIRPI TEMPISTERED Agent signital Contributions date.	or registered agent, or both, in the State of Florida. Interpretation	
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nereby 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 AND TYPED THE PRINTED NAME OF SIGNING GENERAL PARTNER