APPRUVLL

DOCUMENT # A9400001581 ***  1. Entity Name  STEEL FAMILY LIMITED PARTNERSHIP								AND FILED O2 APR 15 PM 12: 24 SECRETARY OF STATE							
Principal Place of Business Mailing Address  1780 WEST 79TH STREET 1780 WEST 79TH STR HIALEAH FL 33014 HIALEAH FL 33014					ज त				TABLAH	VSSEE, FI	_0	Rib	Α		
2. Principal P	lace of Busin	ness	ailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.					DUE B	Y MAY 1, 20	002	47*		and the second	- je 4
City & State				City & State				4. FEI Number	65-05872	71		T	+	olied For	1277
Zip Country			Zir	0	ntry	5. Certificate of Status Desired					Addit quired		e		
6. Name and Address of Current Registered Agent								7. Name and A	ddress of Nev	v Registered					
STEEL, IRENE 1780 WEST 79TH STREET HIALEAH FL 33014						Name Street A	ddress (F	ss (P.O. Box Number is Not Acceptable)							
							··········					<u></u>			_
						City			<b>FL</b> Zip Code						
SIGNATURE	Signature, typed ntributions on record.	or printed name of registered agent of \$1,000,000.00	and title if a	10. Amount of Capita in FLORIDA to da	l Contril te.	butions	3483 REGIST	CERED AND AC	11. MAKE C SEE REV CTIVE WITH	DATE IECK PAYABLI ERSE SIDE FO THIS OFFIC	)R F E.	EE II	PT. OF	STATE:	
12.	NOTE:	General Partners MA GENERAL PARTNER			e form	ı; an ame	ndmen	t must be filed	<del>-</del>	general pa		₃r.			_
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STEEL, IRENE 1780 WEST 79TH STREET HIALEAH FL 33014				STRE	ET ADDRESS :			ADDRESS (	HANGES ON	<u> </u>			,	
OCUMENT#	HIALEAH	FL 33014			STRE	ET ADDRESS			,						
IAME STREET ADDRESS CITY-ST-ZIP						-ST-ZIP		30	0005 04/2	3098			3		_
OCUMENT / IAME	UMENT /								*************************************	526.25	<del>. しし</del> **	林本	526	.25	
TREET ADDRESS CITY-ST-ZIP	ADDRESS $H-9-0$														
DOCUMENT / IAME STREET ADDRESS DOCUMENT / IAME STREET ADDRESS STY-ST-ZIP  ### 316 526						ET ADDRESS				. ,					7
						-ST-ZIP							Partition		
OCUMENT! DEDT OF SMATE						ET ADDRESS									
TREET ADDRESS ITY-ST-ZIP					City-	-ST-ZIP									
OCUMENT#					STRE	ET ADDRESS									
TREET ADURESS					CITY	-ST-ZIP									

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 path; 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: \_\_\_\_

UNE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Da