FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

1999	Secretary of State DIVISION OF CORPORATIONS		FILED	
Name of Limited Partnership	1a. DOCUMENT # A9500000935		99 APR -1 PH 2: 30 Stort (Apr L. A)A.A.	
LORENZO PROPERTIES III,	LID.		7,77,7	
Mailing Address 4310 N.W. 35TH AVENUE MIAMI FL 33142	Principal Office Address 4310 NW 35TH AVENUE MIAMI FL 33142		3. Date Formed or Registered 06/21/1995 3a. Date of Last Report 04/08/1998	5a. Capital Contributions as Shown on record \$9,800.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formalion	to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 65-0587529	Applied For
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required
Zip Country			8, Make check payable to Dept. of	State (See reverse side for fee information
9, Name and Address of Curre	ent Registered Agent	Name	10. If changed new Registered	Agent/Office
ALAYON, RICHARD ALAN ESQ. % ALAYON & PERLMAN, P.A. 2450 SW 137TH AVE., SUITE 229 MIAMI FL 33175		Streel Address (P.O. Box Number Is Not Acceptable) Suite, Apr. #, etc Crty FL Zip Code		
10a. Pursuant to the provisions of sections 620, 1051 a for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAMUL	r registered agent, or both, in the State of Fic ons of section 620,192, Florida Statutes	orida Such change was autho	orized by its general partner(s) Therefore DATE	by accept the appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B		City. State & Zip Code	11c. Registration/ Document Number
LORENZO PROPERTIES III, INC.	4310 N.W. 35 AVENU	IE MI	AMI FL 33142	P95000046914
			FIDELIE -04/1/ ***** 4,1-99	::B382368 4/9901003004 157.35 ****157.35
Note: General partners MAY NO	T be changed on this for	m; an amendmer	it must be filed to cha	inge a general partner.
 I do hereby certify that the information supplied with from any liability of non-compliance with Section 115 is true and accurate and that my signature shall have 	0.07(3)(k) in the event that the information sur	pplied is deemed exempt from	public access. I further certify that the	information indicated on this annual report
execute this report as required by chapter 620 Flori				2/20/20

Typed or Printed Name of General Partner Signing Form Availables to