DOCUMENT # A9500001134 1. Entity Name						FILEU	
EL NAZARENO PARTNERSHIP, LTD.						FILEU RETARY OF STATE IN OF CORPORATIONS	
Principal Place of Business Mailing Address					00 A	PR 13. AM 11: 43	
11655 S.W. 143RD COURT 11655 S.W. 143RD COU MIAMI FL 33186 MIAMI FL 33186-8614				RT			
Principal Place of Business Address Address				is		I IBBARAN KUND FORDA DANIK DANIK DANIK "	88413 88421 88481 21883 31888 21211 8781 3788
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State		4. FEI Number 65-0595165	Applied For Not Applicable	
Zip			Zip	Cour	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					Name Name		
BENITEZ, JUAN F CPA PA 2381 S.W. 80TH COURT					Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33155							,
					City	FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE							
9. Capital Contributions as Shown on record. \$4,000,099.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION						ADDRESS CHAN	IGES ONLY
DOCUMENT# NAME STREET ADDRESS	P95000056 EL NAZAR 11655 SW	ENO CORP.			EET ADDRESS	·	
CITY-ST-ZIP	MIAMI FL			СПУ	'-ST-ZIP		
NAME STREET ADDRESS	:				EET ADDRESS	- sooces	200410 2
CITY-ST-ZIP DOCUMENT#					'-ST-ZIP	****5	/0001011U27 26,25****\$26,25
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DOCUMENT #				-	EET ADDRESS		
NAME STREET ADDRESS					'-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 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 & General Partner of the limited p							
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes Delia A. Telesias as a Seneral Partner Resident							
SIGNATURE: SCHOOL PROJECT SIGNATURE OF SIGNATURE OF SIGNATURE Date Date Date Date Date Date Date Date							Daytime Phone #