|     | بسم  | -           |
|-----|------|-------------|
| DOC | UMEI | <b>VT</b> # |

A95000001671

1. Entity Name

**SIGNATURE:** 

LEVY FAMILY LIMITED PARTNERSHIP OF FT. LAUDERDAL

SECRETARY OF STATE
DIVISION OF CORPORATIONS......S

| Principal Plac  | e of Business   | Mailing Address                         |   | <u> </u>                         | /L-26- <b>PM-I: 25· ·</b> :  | $\bigcirc 19$                   |
|---|---|---|---|----------------------------------|--|---------------------------------|
| ,   |   |   |   | U                                |  |                                 |
| BOCA RATON  |   |   |   |                                  | -  |                                 |
| 000111111011  |   |   |   |                                  |  |                                 |
|   |   |   |   |                                  |  |                                 |
| 2. Principal P  | lace of Business  | 3. Mailing Address                      |   |                                  |  | <b>30)  + 63  8</b>      8  0   |
| 17269-2 BOCA Club BLVD, 17269-2 BOCA Club BLVD  |   | RIVA.                                   | ·   |                                  |  |                                 |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   | <u> </u>                                | DO NOT WRITE IN T                         | HIS SPACE                        |  |                                 |
|   |   |   |   |                                  |  |                                 |
| City & State City & State   |   |   | ···· · · · · · · · · · · · · · · · · ·    | 4. FEI Number                    | Applied For  |                                 |
| BOLA Raton, FL BOLA Raton,  |   | FL                                      |   | 65-0440444                       | Not Applicable   |                                 |
| Zip Country Zip   |   | Country                                 | 5 Contiticate of Status Desired 1 1 Total |                                  |  |                                 |
| 3348  |   | 33481                                   |   |                                  |  | Fee Required                    |
|   | 6. Name and Address of Current R                        | legistered Agent                        |   |                                  | 7. Name and Address of New Registe   | red Agent                       |
|   | 1.20 ·  |   | 192                                       | ame                              | المستعرب المستعرب  | ·                               |
| Levy, Br  | UCE J   |   | Str                                       | reet Address (f                  | P.O. Box Number is Not Acceptable)   |                                 |
| 20913 ST  | ANDREWS BLVD., #43                                      |   |   |                                  |  |                                 |
| BOCA RA   | TON FL 33433  |   | 1   | 7269-                            | 2 BOCA CLUB BIND   | )                               |
|   |   |   | Cit                                       |                                  |  | FL Zip Code 487                 |
|   |   | *************************************** |   | BULA                             | Raton  | FL Zip Sod 487                  |
| 8. The above  | named entity submits this statement for                 | the purpose of changing its re          | egistered off                             | fice or registere                | ed agent, or both, in the State of Florida.  |                                 |
|   |   | - , o. M                                |   |                                  | ~~   | 71 11                           |
| SIGNATURE .   | Signature, kiped or printed name of registered agent an |   |   |                                  | /  | 20-00,                          |
| <b>A</b> O - 2-1 O -  |   |   | `   | t signature required             |  | ABLE TO DEPT. OF STATE          |
| <ol><li>Capital Co<br/>as Shown</li></ol>   | 3/31/4(2)   | 10. Amount of Capital in FLORIDA to dat |   |                                  | 23/9050 SEE REVERSE SID  | E FOR FEE INFORMATION           |
|   |   |   |   |                                  | 1. 4 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4   |                                 |
| 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                             | 13.                                       |                                  | ADDRESS CHANGES  | ONLY                            |
| DOCUMENT #  |   |   | STREET ADD                                | DRESS                            |  | 1/5                             |
| NAME  | LEVY, BRUCE J   |   | OTRECT AGE                                | // /                             | 269-2 BOCA C/4   | 3 1300.                         |
| STREET ADDRESS  | 25010 01 1 1 10 10 10 11 11 11                          |   | CITY-ST-ZI                                | .                                | _  | ~ ~~                            |
| CITY-ST-ZIP   | BOCA RATON FL 33433                                     |   |   | 150                              | ICH Raton, FC  | 537 5                           |
| DOCUMENT #  |   |   | STREET ADD                                | ORESS                            | 40000000   | 131619                          |
| NAME  | •   |   | ł   |                                  | 1000000°   | <del>)01010022</del>            |
| STREET ADDRESS CITY-ST-ZIP  | · · · · · · · · · · · · · · · · · · ·                   |   | CITY-ST-ZI                                | IP                               | ****526.25 *****528.25   |                                 |
|   |   |   | <del> </del>                              |                                  | *******  | L.J. minima Later               |
| DOCUMENT #  |   |   | STREET ADD                                | DRESS                            |  | _                               |
| NAME<br>STREET ADDRESS  | يا ديوهم  |   |   | -~'                              | · · · · · · · · · · · · · · · · · · ·  |                                 |
| CITY-ST-ZIP   |   |   | CITY-ST-ZI                                | P                                | •  |                                 |
| DOCUMENT #  |   |   | 1   |                                  | · · · · · · · · · · · · · · · · · · ·  |                                 |
| NAME  |   |   | STREET ADD                                | DRESS                            |  |                                 |
| STREET ADDRESS  |   |   |   |                                  |  |                                 |
| CITY-ST-ZIP   | يم  |   | CITY-ST-ZI                                | P                                |  |                                 |
| DOCUMENT /  | *   |   |   |                                  |  |                                 |
| NAME  |   |   | STREET ADD                                | DRESS                            |  |                                 |
| STREET ADDRESS  | ·   |   | CITY-ST-ZI                                | ,                                |  |                                 |
| CITY-ST-ZIP   |   |   | GHT-81-21                                 | <u>'</u>                         |  |                                 |
| DOCUMENT #  |   |   | STREET ADD                                | DRESS                            |  | ,                               |
| NAME  | •   |   | SINCELADO                                 | JIILOO                           |  |                                 |
| STREET ADDRESS  |   |   | CITY-ST-ZII                               | Р                                |  |                                 |
| CITY-ST-ZIP   |   |   | <u> </u>                                  |                                  |  |                                 |
| 14. I hereby o  | certify that the information supplied with t            | his filing does not qualify for the     | he exemption                              | on stated in Sec                 | ction 119.07(3)(i), Florida Statutes. I furthe<br>lade under oath; that I am a General Partn | r certify that the information  |
| maicated  | on trustee amnowered to execute this                    | nating signature shall have the         | e same lega<br>r 620. Florid              | ai ellect as if M<br>la Statutes | iade under oam, maci am a General Parth  | er or the annied partnership or |