DOCUMENT # A9600000858 1. Entity Name MARJOVEC SECOND FAMILY LIMITED PARTNERSHIP				SECRETARY OF STATE DIVISION OF CORPORATIONS		
					OFFISION OF CORPORATIONS	
Principal Place of Business 431 NORTH EAST TENTH TERRACE BOCA RATON FL 33432 Mailing Address 431 NORTH EAST TENTH BOCA RATON FL 33432-29					00 APR 17 PM 5: 52	
	,					
2. Principal Place of Business 1800 Lake Drive 1800 Lake Suite, Apt. #, etc. 3. Mailing Address 1800 Lake Suite, Apt. #, etc.				Drive	DO NOT WRITE IN THIS SPACE	
City & State			each		4. FEI Number 65-0674260 Applied For Not Applicable	
Delrai 2244	4 Palm Beace	DELLANDO		n Beach	Not Applicable	
<u> </u>	6. Name and Address of Current	Registered Agent	(0 < ()		7. Name and Address of New Registered Agent	
SCIARRETTA, STEVEN A ESQ. 2300 GLADES ROAD, SUITE 302E				'Name Street Address	s (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33431				City FL Zip Code		
8. The above	named entity submits this statement fo	the purpose of changing its	registere	d office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent a	ind title if applicable. (NOT)	E: Registered	Agent signature requir	ed when reinstating) DATE	
9. Capital Co	ontributions \$1,500,000,00	10. Amount of Capit	al Contrib		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER T	HAT IS A BUSINESS EN	TITY MU	JST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTNER		13.		ADDRESS CHANGES ONLY	
DOCUMENT // NAME STREET ADDRESS			ł	ST-ZIP	300 Lake Drive	
CITY-ST-ZIP	BOCA RATON FL 33432			21-71 D	elray 13each, FL 33444	
DOCUMENT # NAME STREET ADDRESS	VECCIA, MARY 431 NORTH EAST TENTH TERRACE		STREE	TADDRESS 18	500 Lake Drive	
CITY-ST-ZIP	BOCA RATON FL 33432			ST-ZIP DE	elray Beach FL 33444	
DOCUMENT # NAME		a mangana na	STREE	T ADDRESS -	<u> </u>	
STREET ADDRESS CITY - ST - ZIP			CITY-	ST-ZIP	-05/01/0001015011 *****526.25 ****526.25	
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DOCUMENT #			STREE	T ADDRESS	4123	
STREET ADDRESS CITY - ST - ZIP	,		спу-	ST-ZIP	V	
DOCUMENT #			STREE	T ADDRESS		
STREET ADDRESS CITY+ST-ZIP			CITY-	ST-ZIP		
indicated	certify that the information supplied with i on this report is true and accurate and ver or trustee empowered to execute thi	that my signature shall have	the same	legal effect as it	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a General Partner of the limited partnership or	
310 700gR			7 - 1		11 10 10 EL -0- 20-2	
	SIGNATURE: SIGNATURE AND TYPED OFFINTED NAME OF SIGNING GENERAL PARTINER SIGNATURE AND TYPED OFFINTED NAME OF SIGNING GENERAL PARTINER Date Description Proces Des					