DOCUMENT # A96000001429 1. Entity Name LAVMOR, LTD. Principal Place of Business Mailing Address 1303 N.W. 78 AVE. MIAMI, FL 33126				Feb 15, 2008 08:00 A Secretary of State	
DO NOT WRITE IN THIS SPA				01052008 No Chg-LP 4. FEI Number 65-0692533	CR2E003 (12/06) Applied For Not Applicable
	6. Name and Address of Cu	and Backbard Acast		5. Certificate of Status Desired	\$8.75 Additional Fee Required
338 MINO	A, J. LUIS ESQ. RCA AVENUE ABLES, FL 33134	nent registeret Agent		DO NOT W IN THIS SF	
the obligat	tions of registered agent.	ant for the purpose of changing its registe	I. red office or register	ed agent, or both, in the State of Flo	orida. 1 am familiar with, and accept
SIGNATURE	URE Signature, typed or printed name of registered agent and title if applicable.			· · · · · · · · · · · · · · · · · · ·	DATE
	FILE NOWIII FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00				
		ER THAT IS A BUSINESS ENTITY A MAY NOT be changed on the form			
12. DOCUMENT # NAME STREET ADDRESS CITY - ST-ZIP	GENERAL PAR P96000060050 FERN MANAGEMENT COR 1303 N.W. 78 AVE. MIAMI, FL 33126	TNER INFORMATION			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				0000006 02/26/08-5	30121 30070-018 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WF	RITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP/	ACE
DOCUMENT # NAME STREET ADDRESS C/TY-ST-ZIP					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		3		C	
14. I hereby o indicated or the rec	certify that the information supplier on this report is true and accurate eiver or trustee embowered to ever	d with this filing does not qualify for the e and that my signature shall have the sam cute this report as required by Chapter 62	xemptions contained e legal effect as if m	d in Chapter 119, Florida Statutes. I ade under oath; that I am a Genera	further certify that the information al Partner of the limited partnership
		and finn		10/08	
SIGNAT	UKE:	ED OR FRINTED NAME OF SIGNING GENERAL PARTN	<u></u>	Date	Daytime Phone #

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