SIGNATURE: X

2002	UNIF	ORM BUSI			RT (UE	sR)	٦			
DOCUMENT # A96000091595 1. Entity Name LETO BROTHERS FAMILY PARTNERSHIP, LTD. Principal Place of Business Mailing Address							ĺ			
								FILED		LF
							02	2 APR 23 AM 10	¥ 31	
5121 JACKSON STREET HOLLYWOOD FL 33021-7233 5121 JACKSON STREET HOLLYWOOD FL 33021-7233					233			CRETARY OF ST. LLAHASSEE, FLO	ATE RIDA	
2. Principal Place of Business 3100 STIRLING RD 3. Mailing Address 3100 STIRLI					ING R	D				
Suite, Apt. #, etc. Suite, Apt. #, etc.								DUE BY MAY 1,		
City & State HOLLYWOOD FL			City & Stat) FL		4. FEI Number 65-0694347 Applied Not App			pplicable	
33021		Country USA _	3302	l	Country			f Status Desired	\$8.75 Addition	onal
**	6. Name a	nd Address of Current I	Registered Age	ent	Nam	е	7. Name and /	Address of New Register	ed Agent	
GLASSER, GENE K % ABRAMS, ANTON, ROBBINS, RESNICK ET AL					Stree	et Address	(P.O. Box Number	(P.O. Box Number is Not Acceptable)		
2021 TYLER ST.										
HOLLYWOOD FL 33022					City	City FL Zip Code				
8. The above n	named entity	submits this statement for	the purpose of	f changing its	registered offic	e or regist	ered agent, or both	i, in the State of Florida.		
SIGNATURE -	Signature Moed of	printed name of registered agent a	ind title if applicable.			· ·		DA	TE .	
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date.						3 33	2. <u>H</u>	11. MAKE CHECK PAYA	ABLE TO DEPT. OF S E FOR FEE INFORM	STATE ATION
as snown or	A GI	ENERAL PARTNER T	HAT IS A BU	ISINESS EN	NTITY MUST E	BE REGI	STERED AND A	CTIVE WITH THIS OF	FICE.	
12.	NOTE:	GENERAL PARTNER			13.			ADDRESS CHANGES		
DOCUMENT #	LETO, JOHN A SR.				STREET ADDRE	ss				
STREET ADDRESS CITY-ST-ZIP	E404 IAOUOON OTDEET			сіг						
DOCUMENT #		ED LED			STREET ADDRE	SS				
NAME STREET ADDRESS CITY-ST-ZIP	LETO, PETER J SR. 221 NURMI DRIVE FT. LAUDERDALE FL 33301				CITY-ST-ZIP		80	80000:53618486 -04/23/0201016018 *****526.25 *****526.25		
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STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP					<u> </u>
indicated (an this canad	information supplied with is true and accurate and empowered to execute the	that my eignati	iire shall have	ine same letial	eneci as i	Section 119.07(3)(if made under oath), Florida Statutes. I furthe that I am a General Partn	r certify that the info er of the limited part	rmation tnership or
ale receive	J. J. 11 USIGG (_ ^		7)	~		. 1	1		