| 1. Entity | UMENT Náme | T# A970 0 | 0000914 | • | APPRUVE AND AFILED | • | |
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| MULE | DOON FAMILY | / LIMITED PARTERSHIP | | <i>∠</i> | 03 FEB 17 AM II | D: 4 | |
| DELRAY BEACH FL 33483 West Palmet Post Office | | | c/o Ms. Joan West Palmett Post Office | o Park Static | | TATE ORIDA | |
| 2. Principa | al Place of Busi | ness | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | enile (vitalia de la constanta | | |
| City & State | | | City & State | | 4. FEI Number 65-0744921 | Applied F | |
| Zip | 6 Name | Country | Zip | Country | Fee | 75 Additional Required | |
| 6. Name and Address of Current Registered Agent NUTHMANN, JOAN 1000 LOWRY STREET , #2 A DELRAY BEACH FL 33483 | | | | Name Street Addi | Istance and Address of New Registered Agent | | |
| I. The above the obligation | anona or registe | submits this statement for ared agent. | the purpose of changing i | City ts registered office or req | FL pistered agent, or both, in the State of Florida. I am famili | Zip Code ar with, and acc | |
| - Capital C | Signature, typed of contributions | r printed name of repistered agent an | 10. Amount of Cap | ital Contributions | CATE | | |
| as Shown | on record. A GI NOTE: | ENERAL PARTNER TH | in FLORIDA to AT IS A BUSINESS EI NOT be changed on | NTITY MUST BE BE | GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner. | HOPMATION | |
| 2. DCUMENT / | 1 | GENERAL PARTNER II | NFORMATION | 13. | ADDRESS CHANGES ONLY | | |
| vme reet address TY-ST-ZIP | MULDOON, 1000 LOWR DELRAY BE | JOAN Y STREET , #2A ACH FL 33483 | | CITY-ST-ZIP | 500012592385 | | |
| CLIMENT # ME EET ADDRESS | | | * * * * * * * * * * * * * * * * * * * * | STREET ADDRESS | |), 25 | |
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| E Et address | | | | STREET ADDRESS | | | |
| E ADDRESS -ST-ZIP IMENT # | | | | | · · · · · · · · · · · · · · · · · · · | | |
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