

DOCUMENT # A98000000606

Entity Name

THE MACHENBERG FAMILY LIMITED PARTNERSHIP

Principal Place of Business

1637 BROOKHOUSE COURT, BR142
SARASOTA FL 34231

Mailing Address

1637 BROOKHOUSE COURT, BR142
SARASOTA FL 34231-8980

Principal Place of Business

3. Mailing Address

te, Apt. #, etc.

Suite, Apt. #, etc.

y & State

City & State

4. FEI Number

65-0772966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACHENBERG, STANLEY
1637 BROOKHOUSE COURT, BR142
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Capital Contributions
Shown on record.

\$140,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 140,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

GENERAL PARTNER INFORMATION

13.

ADDRESS CHANGES ONLY

ENT #	MACHENBERG, STANLEY	STREET ADDRESS	
ADDRESS	1637 BROOKHOUSE COURT, BR142	CITY - ST - ZIP	
- ZIP	SARASOTA FL 34231		
ENT #		STREET ADDRESS	8000003180638--5
ADDRESS		CITY - ST - ZIP	-03/22/00--01102--013
- ZIP			****526.25 ****526.25
ENT #		STREET ADDRESS	
ADDRESS		CITY - ST - ZIP	FL
- ZIP			
ENT #		STREET ADDRESS	
ADDRESS		CITY - ST - ZIP	
- ZIP			
ENT #		STREET ADDRESS	
ADDRESS		CITY - ST - ZIP	
- ZIP			
ENT #		STREET ADDRESS	
ADDRESS		CITY - ST - ZIP	
- ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

STANLEY MACHENBERG

SIGNATURE:

Stanley Machenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/6/00

Date

941-918-8070

Daytime Phone #

CR2E003 (9/99)