

APPROVED
AND
FILED

02 MAY 29 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[REDACTED]

Mailing Address

2523 S.W. 99TH PLACE
MIAMI FL 33165

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

4. FEI Number

Applied For	
-------------	--

Not Applicable

5. Certificate of Status Desired

• \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

SIGNATURE

DATE _____

\$455,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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.

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CH2E003 (9/01)

14. 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone #