DOCUMENT # A9800001671  1. Entity Name  THE RAEDEAN, LUCAS AND JESSE LYNN FAMILY LIMITED  FILED						
Principal Place of Business 2801 FRUITVILLE ROAD, SUITE 100 SARASOTA FL 34237		Mailing Address . 2801 FRUITVILLE ROAD. SUITE 100 SARASOTA FL 34237-5336		00	OO MAY 16 PM 11: 07  SECRETARY OF STATE TALLAHASSEE CLOSUS	
2. Principal Place of Business		3. Mailing Address			F LOCATION NOTICE TOTAL SOURT BOOKE BOTH BOTH BOTH BOTH SOURT NOTICE ONLY RECORD THAT CENTER	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		<del>.</del>	4. FEI Number 65-0849481 Applied For Not Applicable	
Zip Country		Zip Country		itry	5. Certificate of Status Desired	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent	
LYNN, JESSE J 6907 RIVER BIRCH COURT BRADENTON FL 34202				Name  Street Address (P.O. Box Number is Not Acceptable)  City		
				City FL Zip Code		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  339,500  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 MA	Y NOT be changed on the	e form	i; an amendmen	nt must be filed to change a general partner.	
DOCUMENT # NAME STREET ADDRESS	GENERAL PARTNER LYNN, LUCAS L 1130 133RD STREET, EAST	INFORMATION		EET ADDRESS	700032135678 9 -04/18/0001105027 ***1750.00 ******52.50	
CITY-ST-ZIP	BRADENTON FL 34202		CITY	-ST-ZIP	***1750.00 *****52.50	
DOCUMENT # LYNN, RAEDEAN STREET ADDRESS CITY- ST-ZIP BRADENTON FL 34203				EET ADORESS		
- DOCÚMENT®;	No transport de la company		STRI	EET ADORESS		
NAME STREET ADDRESS CITY-ST-ZEP	BRADENTON EL ALOGO		СПҮ	'-ST-ZIP	FF \$526.05	
DOCUMENT # NAME STREET ADDRESS			STR	EET ADDRESS	7000032135678 	
CITY-ST-ZIP			СПУ	'-ST-ZIP	****437.75 ****437.75	
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DOCUMENT# NAME	et in the second		STRI	EET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			<u> </u>	'-ST-ZIP		
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: SIGNATURE AND PROPERTY OF SIGNING GENERAL PARTNER SIGNATURE AND PROPERTY OF SIGNATURE AND						

General Partner