

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000001883

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** SABERLO FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

8300 WEST FLAGLER STREET  
SUITE 175  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8300 WEST FLAGLER STREET  
SUITE 175  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 65-0855065      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LORA, ERICK ESQ.  
12394 SW 82 AVE  
MIAMI, FL 33156 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: M37805  
Name: ABATE MEDICAL EMERGENCIES NOW, INC.  
Address: 8300 WEST FLAGLER STREET, SUITE 175  
City-St-Zip: MIAMI, FL 33144

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: FERNANDO LORA

PRES

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date