CR2E003 (9/99)

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2000	UNIFORM BUS	INESS REPO	JKI (ORK)	_		·(/)
DOCUI	MENT #-A98000002	2516			FILED AT		V
Fabe	la Family Limited	l Partnership	· <u>.</u>	ار بار الحق ال	SECRETARY OF SU DIVISION OF CORPORA		
Principal Place	e of Business	Mailing Address			-00 JUL =3 AM 9	:01	r
2. Principal Place of Business 2232 Trade Center Way Same				<u> </u>			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number 59-3540200		Applied For Not Applicable
Zip * - 34109	Country	Zip	Country	<i>'</i>	5. Certificate of Status Desire	ed 🗆 🕏	8.75 Additional ee Required
<u> </u>	6. Name and Address of Curren	t Registered Agent			7. Name and Address of Ne	w Registered Ar	gent
			_	Name Randall J. Enders Street Address (P.O. Box Number is Not Acceptable) 2232 Trade Center Way			
			-	City Nap1	es	FL	Zip Code 34109
8. The above	named entity submits this statement of	-Emser			stered agent, or both, in the State o	f Florida.	00
9. Capital Co		10. Amount of Cap	oital Contribu		11. MAKE C		to dept of state fee information
===	A GENERAL PARTNER	THAT IS A BUSINESS E	NTITY MU	ST BE REG	ISTERED AND ACTIVE WITH nent must be filed to change a	THIS OFFICE.	ner.
12. GENERAL PARTNER INFORMATION						CHANGES ONLY	
DOCUMENT # NAME	Augie K, Fabela, Sr.		STREET	ADDRESS	400003	33216	645
STREET ADORESS CITY-ST-ZIP	2240 Trade Center Way Naples, FL 34109		CITY-S	T-ZIP	· -07/1 ****	.3/00Ū1t \$26.25 *	JUDUZJ k***526,25
DOCUMENT #	· · · · · · · · · · · · · · · · · · ·		STREET	ADDRESS			
STREET ADDRESS CITY-ST-ZIP		•	CITY-S	T-ZIP			
DOCUMENT #			STREET	ADDRESS		_	
STREET ADDRESS CITY-ST-ZIP		• •••	CITY-S	T-ZIP			
DOCUMENT #			STREET	ADDRESS			
STREET ADDRESS			CITY-S	T- ZIP			

CITY-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. Eleft a Statutes

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

NAME STREET ADDRESS

NAME STREET ADDRESS

SIGNATURE: Mushal Randall J. Enders SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER