## 

STAPLE CHECK HERE

SIGNATURE: \_

FILED
May 02, 2006 08:00 A
Secretary of State

	Due By May 1, 2006		May 02,	, 2006 08:00
DOCL	JMENT # A9900000208		Secre	etary of Sta
1. Enlity Na	me			
FONDO	NUEVO, LTD			
Principal Pia	ne of Business Mailing Address			•
	1 CLEMATIS STREET, 2ND FLOOR P.O. BOX 3435 1 BEACH, FL 33401 WEST PALM BEACH, FL 3	3402	f tweet total and and and a suit shall a suit shall a	
				2E003 (11/05)
I	OO NOT WRITE IN THIS SP	ACE	4. FEI Number	Applied For
}			65-0899987	Not Applicable
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u></u>	6. Name and Address of Current Registered Agent			
KLOCK, JOSEPH P JR. 200 SOUTH BISCAYNE BLVD , SUITE 4000			DO NOT WRIT	ΓE
MIAMI, FL 33131			IN THIS SPAC	E
				•
	anamed entity submits this statement for the purpose of changing its reg illons of registered agent	istered affice or registere	d agent, or both, in the State of Florida 1 a	ım familiər with, and accept
SIGNATURE	Signature, typed or princed name of registered agent and title K opplicable.		DAT	*
· · · · · · · · · · · · · · · · · · ·	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	0		
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f	Y MUST BE REGISTI orm; an amendment	RED AND ACTIVE WITH THIS OFF must be filed to change a general p	ICE. partner,
12.	GENERAL PARTNER INFORMATION			
DOCUMENT /	P99000010574 FONDO NUEVO MANAGEMENT. INC			,
STREET AUDRESS	ONE NORTH CLEMATIS STREET, 2ND FLOOR			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			
OCCUMENT F			05/17/06-80	662-017 500.00
STREET ADDRESS CITY-ST-ZIP				***
DOCUMENT !				-
NAME STREET ADDRESS			DO NOT WOLL	
CITY-ST-ZIP			DO NOT WRITE	
DOCUMENT 7		णात्र अस्य कर्षे क्षेत्र व देखाचार्यः च्या चुन्ना चेत्रा स्वर्णे केर्या	IN THIS SPACE	
NAME STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT /				-
ILAME STREET ADDRESS				
City-si-zip				
DOCUMENT /				
NAME				1

14. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. 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 it made under oath; that it am a General Partner of the smitted partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes.

O OR PRINTED NAME OF SIGNING GENERAL PARTNER