DOCUMENT # A9900001838					
EMINEE LTD.				FILE	D
Principal Place of Business Mailing Address				APR -6	PM 12: 23
3491 N. 31ST AVENUE 3491 N. 31ST AVENUE			01		1 5
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021			S	ECRETARY O	F STATE FLORIDA
Principal Place of Business Address Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0959688 Applied For Not Applicable
Zip	Country	Žip	Count	ry	5. Certificate of Status Desired See Required Fee Required
	6. Name and Address of Current I	Registered Agent		Namo	7. Name and Address of New Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Capital Contributions as Shown on record. 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.					
12. GENERAL PARTNER INFORMATION 13.				an amenomen	ADDRESS CHANGES ONLY
DOCUMENT #	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		STREE	T ADDRESS	1
NAME STREET ADDRESS			CITY-	ST-ZIP	
CITY-ST-ZIP DOCUMENT #	HOLLYWOOD FL 33021			31-21	
NAME			STREE	T ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZiP	
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STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	· ·
DOCUMENT # NAME			STREE	T ADDRESS .	
STREET ADDRESS CITY-ST-ZIP	ss			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 SUMMYDALG HOMES, FRESIDENT SIGNATURE SIGNATURE 954-776-088c					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					