## 2012 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# B11000000166

Entity Name: EMANAGEFLORIDA LIMITED PARTNERSHIP

Apr 30, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

745 19TH AVENUE #314 745 19TH AVENUE DEERFIELD BEACH, FL 33441

314

DEERFIELD BEACH, FL 33441

ADDRESS CHANGES ONLY:

**Current Mailing Address: New Mailing Address:** 

C/O EMANAGE PRO. INC C/O EMANAGE PRO. INC

1 HOLIDAY ST, EAST TOWER. STE 501 1 HOLIDAY ST, EAST TOWER, STE 501 POINTE-CLAIRE QUE.CAN. H9R5N, POINTE-CLAIRE, QC H9R 5N3 CA

FEI Number: 98-0671084 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

EVANS, LESLIE ROBERT ESQUIRE LESLIE ROBERT EVANS & ASSOCIATES P.A. 214 BRAZILIAN AVE, STE 200 PALM BEACH, FL 33480 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:**

Document #:

D'ONOFRIO, REMO Name:

1 HOLIDAY ST. EAST TOWER STE. 501 Address: 1 HOLIDAY ST. EAST TOWER STE 501 Address: City-St-Zip: POINTE-CLAIRE QUE. CANADA, City-St-Zip: POINTE-CLAIRE, QC H9R 5N3 CA

Document #:

Name: BIALSKI, MONICA

Address: 1 HOLIDAY ST. EAST TOWER STE. 501 Address: 1 HOLIDAY ST. EAST TOWER STE 501 POINTE-CLAIRE, QC H9R 5N3 CA POINTE-CLAIRE QUE. CANADA, City-St-Zip: 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: REMO D'ONOFRIO MR 04/30/2012