LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 3:46

DOCUMENT # B94000000411

1. Entity Name

SOUTHEAST DEL ORO LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

700017913457
06/30/03--01018--011 **262.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Northland Investment Cor	c/o Northland Investment Cor
Suite, Apt. #, etc.: 2150 Washington Street	Suite, Apt. #, etc.: 2150 Washington Street
City & State: Newton, MA	City & State: Newton, MA
Zip: 02462 Country: USA	Zip: 02462 Country: USA

DUE BY MAY 1

4. FEI Number: 04-3247733 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CSC

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee **FL** Zip Code: 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 5.26.26

Signature of new registered agent, and title if applicable

9. Capital Contributions as Shown on Record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$991,776.00		

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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	Southern Tier Del Oro Inc. c/o Northland Investment Corp 2150 Washington St Newton, MA 02642	STREET ADDRESS CITY-ST-ZIP	700017913457 05/02/03--01108--002 **4042.50
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STAPLE CHECK HERE

CR2E003B (12/02)

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.

SIGNATURE: By: Br: Southern Tier Del Oro, Inc., general Partner
Robert S. Gatto, President

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING ON BEHALF OF BUSINESS ENTITY

617.965.7100
DATE Daytime Telephone #