LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
02 MAY 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000525

1. Entity Name

AMINKHAN LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
220 ROSEBROOK ROAD	220 ROSEBROOK ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW CANAAN, CT	City & State: NEW CANAAN, CT
Zip: 06840 Country: USA	Zip: 06840 Country: USA

DUE BY MAY 1

4. FEI Number 22-3602772 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name ~~MINAZ PORBANDERWALA~~

Street Address (P.O. Box Number is Not Acceptable) 5840 SOUTH DIXIE HIGHWAY

City SOUTH MIAMI **FL** Zip Code 33143

DO NOT WRITE IN THIS SPACE

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 ____________________ DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $196,000.00

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

DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	AMINKHAN ALADIN 220 ROSEBROOK ROAD NEW CANAAN, CT 06840	STREET ADDRESS / CITY-ST-ZIP	000005678320--2 -06/04/02--01085--019 ****526.25 ****526.25
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	ROSEMARY ALADIN 220 ROSEBROOK ROAD NEW CANAAN, CT 06840	STREET ADDRESS / CITY-ST-ZIP	
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CR2E003B (12/01)

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: Amin Khan 5/13/02 203-356-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER