DOCUMENT # B98000000644

1. Entity Name

PADUA STABLES, L.P.

FILED
00 MAY -2 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
15400 SOUTH US HIGHWAY 301 SUMMERFIELD FL 34491	P.O. BOX 1260 SUMMERFIELD FL 34492-1260

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3500568 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, BRUCE
15400 SOUTH US HIGHWAY 301
SUMMERFIELD FL 34491

7. Name and Address of New Registered Agent

Name: Sanan, Nadia Anne
Street Address (P.O. Box Number is Not Acceptable): 15400 South US Highway 301
City: Summerfield FL Zip Code 34491

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 Nadia A. Sanan — 4/20/00
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. $2,000.00

10. Amount of Capital Contributions in FLORIDA to date. -0-

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. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000006132	STREET ADDRESS	15400 South US Highway 301
NAME	PADUA STABLES, INC.		
STREET ADDRESS	1013 CENTRE ROAD	CITY-ST-ZIP	Summerfield, Florida 34491
CITY-ST-ZIP	WILMINGTON DE 19805		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-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

SIGNATURE: Satish Sanan 4/20/00 (352) 307-8082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #