20Q₺ UNIFORM	<b>BUSINESS REPORT</b>	(UBR)

DOCU  1. Entity Name	IMENT#	-5ISS				£ 45 # 1.	11 127	fr <sub>-10</sub>	
NOLDE PARTNERS, L.L.C.					FILED				
Principal Place of Business Mailing Address			_	01 AUG 30 PN 12: 17					
	,					SECRETAR	RY OF S	STATE	
						TALLAHAS	SEE, FL	_ORIDA	
2. Principal P	Place of Business Tampa Street	3. Mailing Address 100 N. Tam	na St	reet					
Suite, Apt. Suite	. #, etc.	Suite, Apt. #, etc. Suite 2700				DO NOT WRI	ITE IN THIS	S SPACE	
°City&Stat Tampa,	te Florida	City & State Tampa, Flo	rida		4. FEI Numb	er		X	Applied For Not Applicab
<b>Z</b> ip 3602	Country USA	33602	Count USA	try A	5. Certificate	of Status Desired	0	\$5.00 /	Additional
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered		
Bruce M. Rodgers 100 N. Tampa Street, Suite 2700					s (P.O. Box Number is Not Acceptable)				
	Florida 33602		120 2700						
			Ì	City ;			F	Zip C	ode
IGNATURE _	named entity submits this statement for signature, typed or printed name of registered agent in	and title if applicable. (NC	TE: Registered	Agent signature requ	ared when reinstating)	30000÷	DATE 457	304	——————————————————————————————————————
	Signature, typed or printed name of registered agent a	and title II applicable. (NC FILE: N Make Check: P	TE: Registered	i Agent signature requirements EE 15: \$50.0 Department	ired when reinstating)	50000° -09/0	ыте <b>457</b> 06/01-	01092	 60 2005 ***50.00
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