<u> </u>	PLEASE READ A	LL INSTRU	JCTIC	NS BEFOR	RE C	OMPLETING	THIS FO	DRM. 🔑 🍃
LIMITED	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				SECRETARY OF STATE DIVISION OF CORPORATIONS 03 OCT 30 PM 1: 16			
DOCUMENT # L01000018559 1. Name of Limited Partnership F & J Real Estate LLC						, 03 0	01 30 T	11 10
2. Principal Office Addres	3. Mailing Office Address 1390 Brickell Avenue				4. Date Formed or Registered To Do Business in Florida 10/26/2001			
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200					-115468	8 Applied For Not Applicable	
City & State Miami, Flori	City & State Miami, Florida				CERTIFICATE OF STA	TUS DESIRED	\$8.75 Additional Fee requir for a Certificate of Status	
33131	Country US	Zip 33131		Country <i>US</i>		,		
Name	8. Name and Address of		d Agent				F	
Alvaro Castillo:B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue Suite, Apt. #, Etc.						-		:
Suit Dity Mian	l l	tate	Zip Code 33131				y	
for the ournage of chang	ing its registered office or register and accept the obligations of sec	ed agent, or both, in t	ne State of	amed limited partnersh Florida, Such change	ip organia was autho	zed or registered under the prized by its general partner	(s). Thereby acci 2 42 6	of Florida, submits this statement ept the appointment of registered **200: 00
GONATORE (Hegistered Age)	The coping Appoint only						<u></u>	
10.					l , - <u>-</u> -	City, State and Zip Co	ode	10a. Registration Document Number
Barbieri, Maria Virginia		1390 Bri	ckel l	Ave. #200	Mic	ami, Florida	33131	L01000018559
Alvaro Castillo B.		1390 Bri	ckell	Ave.,#200	Mic	ami, Florida	33131	L01000018559
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I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a ver or trustee empowered to execute this report as required by change 620, Florida Statutes. Secrety Assistant DATE 10-27-03 SIGNATURE _

Typed or Printed Name of

Awaro Castillo

______ Telephone Number (365) 371-5540