DOCUMENT # Z00548 1. Entity Name FLORIDA ACQUISITION FUND, L.C.					FILED OTMAR-5 PM 1: 32				
Principal Place of Business C/O CARLTON FIELDS 777 S. HARBOUR ISLAND BLVD TAMPA FL 33601		Mailing Address PO BOX 625737 CINCINNATI OH 45262			SECRETARY OF STATE TALLAHASSEE, FLORIDA:				
Principal Place of Business 3. Mailing Address							 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 65-0325991 Applied For Not Applicable				
Zip · Country		Zip Country		5.	5. Certificate of Status Desired See Required				
	6. Name and Address of Current	Registered Agent		7.	Name and Add	lress of New Regis	stered Agent		
EIELDO O	ADITON		Name	Name .					
FIELDS, CARLTON 777 S. HARBOUR ISLAND BLVD			Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33601									
			City		٠,		FL Zip Cod	9	
	MANAGING MEMOR	Make Check Payal			ite	ADDITIONS (OL)	ANCEG		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM SUMMER HILL ESPERANTE INC. 6800 CINTAS BLVD MASON OH 45040	RS/MEMBERS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>		ADDITIONS/CH.	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTBUC CORP. 45 ROCKEFELLER PLAZA #2500 NEW YORK NY 10020	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP		20	10101035 -03/20/	Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM_ TRUST INVESTMENTS, INC. 52 STILES ROAD SALEM NH 03070	Delete	NAME STREET ADDRESS CITY-ST-ZIP	· -		****	Change	Addition	
TITLE NAME Street address City 1st-Zip	MGRM EWING-BARRETT ESPERANTE PA 16660 DALLAS PARKWAY #2200 DALLAS TX 75248		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
nitle Nami: Street address City-St-Zip	MGRM CC HOLDINGS, INC. 9960 N.W. 116TH WAY #4 MIAMI SPRINGS FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				. 🔲 Change	Addition	
NAME Street address City-St-Zip	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the	same legal effe	ct as if made	under oath; tha	t I am a managing	ther certify that the it member or manage	nformation or of the	

DUIRED

MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE