## MANAGER

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name

Electronic Signature of Signing General Partner Detail

**Current Mailing Address:** P.O.BOX 13177 NORTH PALM BEACH, FL 33408 US

**Current Principal Place of Business:** 

FEI Number: 20-0625577

DOCUMENT# A0400000106

NORTH PALM BEACH, FL 33408

11911 U.S. HIGHWAY 1

SUITE 206

## Name and Address of Current Registered Agent:

ZIFRONY, MATTHEW ESQ. TRIPP SCOTT, P.A. 110 SE 6TH ST., 15TH FL FORT LAUDERDALE, FL 33301 US

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:

Electronic Signature of Registered Agent

2018 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Entity Name: DORAL CHARTER SCHOOL LIMITED PARTNERSHIP

## **General Partner Detail :**

P96000040698 Document # R.I.S. PROPERTIES, INC. Name PO BOX 11 Address City-State-Zip: PALM BEACH FL 33480

appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLAN LYONS

FILED Mar 06, 2018 Secretary of State CC5488043121

Certificate of Status Desired: No

Date

03/06/2018 Date

GENERAL COUNSEL,