#### 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 appears above, or on an attachment with all other like empowered. 02/19/2014 PARTNER

SIGNATURE: KENNETH D. SOHN

# Electronic Signature of Signing General Partner Detail

SIGNATURE:

Electronic Signature of Registered Agent

## **General Partner Detail :**

Document #		Document #	
Name	SOHN, KENNETH	Name	SEWING-SOHN, MICHELLE
Address	11613 SOUTH BREEZE PLACE	Address	11613 SOUTH BREEZE PLACE
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449

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.

#### Entity Name: SOHN ASSOCIATES, LTD. **Current Principal Place of Business:**

DOCUMENT# A1300000090

11613 SOUTH BREEZE PLACE WELLINGTON, FL 33449

### **Current Mailing Address:**

11613 SOUTH BREEZE PLACE WELLINGTON, FL 33449

#### FEI Number: 46-2164141

### Name and Address of Current Registered Agent:

SOHN, KENNETH 11613 SOUTH BREEZE PLACE WELLINGTON, FL 33449 US

#### FILED Feb 19, 2014 Secretary of State CC1143456060

Date

Certificate of Status Desired: No

Date