**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A13000000310

**FILED**
**Jan 21, 2016**
**Secretary of State**
**CC1565149301**

**Entity Name:** TRUJILLO, VARGAS, ORTIZ, AND GONZALEZ, LLLP

**Current Principal Place of Business:**

815 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

**Current Mailing Address:**

815 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRUJILLO, CARLOS
815 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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 — Date

**General Partner Detail :**

| | |
|---|---|
| Document # | P11000008793 |
| Name | CARLOS TRUJILLO, PA |
| Address | 815 PONCE DE LEON BLVD |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|---|---|
| Document # | P08000110179 |
| Name | ANDREW J. VARGAS, PA |
| Address | 815 PONCE DE LEON BLVD |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|---|---|
| Document # | P10000067137 |
| Name | LOUIS A. GONZALEZ, PA |
| Address | 815 PONCE DE LEON BLVD |
| City-State-Zip: | CORAL GABLES FL 33134 |

| | |
|---|---|
| Document # | P10000042683 |
| Name | MICHAEL ANDREW ORTIZ, PA |
| Address | 815 PONCE DE LEON BLVD |
| City-State-Zip: | CORAL GABLES FL 33134 |

*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.*

SIGNATURE: CARLOS TRUJILLO PRESIDENT 01/21/2016

Electronic Signature of Signing General Partner Detail — Date