2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # A00000000418

1. Entity Name CONCEPCION LIMITED PARTNERSHIP



Principal Place of Business C/O SHUTTS & BOWEN, LLP 201 SOUTH BISCAYNE BLVD., SUITE 1500 LN MIAMI, FL 33131

Mailing Address C/O SHUTTS & BOWEN, LLP 201 SOUTH BISCAYNE BLVD., SUITE 1500 LN MIAMI, FL 33131

SECRETARY OF STATE DIVISION OF CORPORATIONS

07 SEP 12 AMII: 10



07062007 No Chg-LP

CR2E003 (12/06)

Applied For 4. FEI Number 65-1008659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

NOSTRO, LOUIS 728 CATALONIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IN THIS SPACE
	named entity submits this statement for the purpose of changing its retions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$900.00 On or after September 14, 2007, Fee will	
		ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000022484 CONCEPCION FAMILY CORPORATION 201 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131	200109595402
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP		09/18/0701067016 ***908.75
DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

· 305.267.0208