2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# A02000000551

Entity Name: M.N.S. FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

2645 SOUTH BAYSHORE DRIVE, UNIT 1803
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2645 SOUTH BAYSHORE DRIVE, UNIT 1803
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 03-0423814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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 INFORMATION:

Document #:
Name: SCHLEIFER, MARTIN TRUSTEE
Address: 2645 SOUTH BAYSHORE DRIVE, UNIT 1803
City-St-Zip: COCONUT GROVE, FL 33133
Document #:
Name: SCHLEIFER, NANCY TRUSTEE
Address: 2645 SOUTH BAYSHORE DRIVE, UNIT 1803
City-St-Zip: COCONUT GROVE, FL 33133

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: NANCY SCHLEIFER GP 02/26/2009

Electronic Signature of Signing General Partner — Date