2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000551

Address:

City-St-Zip:

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

2645 SOUTH BAYSHORE DRIVE, UNIT 1803

COCONUT GROVE, FL 33133

FILED Jan 07, 2010 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
2645 SOUTH BAYSHORE DRIVE, UNIT 1803 COCONUT GROVE, FL 33133				
Current Mailing Address:			New Mailing Address:	
	H BAYSHORE GROVE, FL 3	DRIVE, UNIT 1803 3133		
FEI Number: 03-0423814		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
	ELL PLAZA, SI	ASSOCIATES, P.A. JITE 700		
The above in the State		ubmits this statement for the	purpose of changing its registered	office or registered agent, or both
SIGNATUR	E:			
	Electroni	s Signature of Registered Ag	ent	Date
GENERAL PARTNER INFORMATION:			ADDRESS CHANGES ONLY	'
Document #: Name: Address: City-St-Zip:	SCHLEIFER, MA 2645 SOUTH BA COCONUT GRO	YSHORE DRIVE, UNIT 1803	Address: City-St-Zip:	
Document #: Name:	SCHLEIFER, NA	NCY TRUSTEE		

Address:

City-St-Zip:

I hereby 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 TEE 01/07/2010