

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 APR 14 AM 9:51

DOCUMENT # A03000001779 1. Entity Name THE BARRETO FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 9990 S.W. 90 AVENUE MIAMI, FL 33176	Mailing Address 9990 S.W. 90 AVENUE MIAMI, FL 33176
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State City & State	4. FEI Number 20-1048149
Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



03072008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent BARRETO, RODNEY 235 CATALONIA AVENUE CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L03000045544
NAME	BARRETO MANAGEMENT LIMITED LIABILITY COMPA
STREET ADDRESS	9990 S.W. 90 AVENUE
CITY-ST-ZIP	MIAMI, FL 33176

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>235 Catalonia Avenue</i>
CITY-ST-ZIP	<i>Coral Gables, FL 33134</i>

DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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

STAPLE CHECK HERE

SIGNATURE: *[Signature]* 3/6/08 305-444-4648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #