


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000001367 1. Entity Name A.M.A. REAL ESTATE INVESTMENTS, LTD.	
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Principal Place of Business % A.M.A. REAL ESTATE INVESTMENTS, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175	Mailing Address % A.M.A. REAL ESTATE INVESTMENTS, INC. 2460 SW 137TH AVE., SUITE 238 MIAMI, FL 33175
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1918988	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OCHOA, CARMEN L 2460 SW 137 AVE SUITE 238 MIAMI, FL 33175		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	

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.

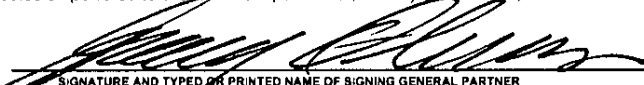
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000122233	STREET ADDRESS	
NAME	A.M.A. REAL ESTATE INVESTMENTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238		
CITY - ST - ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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 05/22/08 80023 000 500.00

STAPLE CHECK HERE

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

SIGNATURE:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-74108
 Date

Telephone #