

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000000006

**FILED**  
**Feb 25, 2009**  
**Secretary of State**

**Entity Name:** OLE BRASIL PARTNERS, LLLP

**Current Principal Place of Business:**

2525 PONCE DE LEON BLVD., SUITE 250  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

2525 PONCE DE LEON BLVD., SUITE 250  
CORAL GABLES, FL 33143

**New Mailing Address:**

FEI Number: 98-0178271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO, SUITE 300  
CORAL GABLES, FL 33134 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 #: L98000000864  
Name: OLE COMMUNICATIONS (US), L.L.C.  
Address: 2525 PONCE DE LEON BLVD., SUITE 250  
City-St-Zip: CORAL GABLES, FL 33143

**ADDRESS CHANGES ONLY:**

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: EDUARDO CUSCO

MGR

02/25/2009

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date