2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED Apr 21, 2008 08:00 A Secretary of State

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1. Entity Name

THE PLANAS FAMILY LIMITED PARTNERSHIP



Principal Place of Business

C/O JUAN E. PLANAS 1010 BAYAMO AVE. CORAL GABLES, FL 33146 Mailing Address

C/O JUAN E. PLANAS 1010 BAYAMO AVE. CORAL GABLES, FL 33146



04162008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0628290

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

PLANAS, JUAN E 1010 BAYAMO AVENUE CORAL GABLES, FL 33146

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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 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 \$900.0	0 !	U00000907997 D5/06/08-80012-008 500.00						
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 #									
NAME	PLANAS, JUAN E								
STREET ADDRESS	1010 BAYAMO AVE.								
CITY-ST-ZIP	CORAL GABLES, FL 33146								
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14. I hereby certify that the information supplied with this fixing 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 ply 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 the limited partnership of the receiver or trustee empowered to the limited partnership of the receiver or trustee empowered to the limited partnership of the receiver or trustee empowered to the limited partnership of the receiver or trustee empowered to the limited partnership of the receiver or trustee empowered to the limited partnership of the receiver or trustee empowered to the limited partnership of the receiver or trustee empowered to the limited partnership of the receiver or trustee empowered to the limited partnership of the receiver or trustee empowered to the limited partnership of the receiver or trustee empowered to the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver of the limited partnership or the receiver of the limited partnership or the receiver of the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver or trustee empowered to the limited partnership or the receiver of the limited p

SIGNATURE:

STAPLE CHECK HERE

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

PET OR PRINTED NAME OF SIGNING GENERAL PARTNER

Tuan E. Planas

4-17-08

305592313

Daytime Phone #