

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A99000001900					
1. Entity Name FRANK MOYA LIMITED PARTNERSHIP					
Principal Place of Business 1320 S. DIXIE HIGHWAY, #1060 CORAL GABLES, FL 33146			Mailing Address 1320 S. DIXIE HIGHWAY, #1060 CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box # 5915 Ponce De Leon Blvd.		3. Mailing Address 5915 Ponce De Leon Blvd.			
Suite, Apt. #, etc. Suite 19		Suite, Apt. #, etc. Suite 19			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 58-2501933	
Zip 33146		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOYA, FRANK 1320 S. DIXIE HIGHWAY, #1060 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name: Elizabeth Moya Street Address (P.O. Box Number is Not Acceptable): 5915 Ponce De Leon Blvd. Suite 19 City: Coral Gables FL Zip Code: 33146		
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: Elizabeth Moya DATE: 4/24/07					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	L04000083225		STREET ADDRESS	5915 Ponce De Leon Blvd., Ste. 19	
NAME	EFM GP LLC		CITY-ST-ZIP	Coral Gables, FL 33146	
STREET ADDRESS	1320 S. DIXIE HIGHWAY, #1060				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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					
SIGNATURE: Elizabeth Moya			DATE: 4/24/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE