

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A99000001900

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Entity Name:** FRANK MOYA LIMITED PARTNERSHIP

**Current Principal Place of Business:**

5915 PONCE DE LEON BLVD  
SUITE 9  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

5915 PONCE DE LEON BLVD  
SUITE 19  
CORAL GABLES, FL 33146

**Current Mailing Address:**

5915 PONCE DE LEON BLVD  
SUITE 9  
CORAL GABLES, FL 33146

**New Mailing Address:**

5915 PONCE DE LEON BLVD  
SUITE 19  
CORAL GABLES, FL 33146

**FEI Number:** 58-2501933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOYA, FRANK M.D.  
5915 PONCE DE LEON BLVD  
SUITE 19  
CORAL GABLES, FL 33146 US

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

EFM GP, LLC  
5915 PONCE DE LEON BLVD  
SUITE 19  
CORAL GABLES, FL 33146 US

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: ELIZABETH MOYA

03/31/2010

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: L04000083225  
Name: EFM GP LLC  
Address: 5915 PONCE DE LEON BLVD STE 19  
City-St-Zip: CORAL GABLES, FL 33146

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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: ELIZABETH MOYA

GP

03/31/2010

Electronic Signature of Signing General Partner

Date