## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

FILED Mar 19, 2007 08:00 AM **Secretary of State** 

DOCU	MENIT	# ∆	<u></u> በበበ	ሰሰሰ	010	112
1 11 11 11	1V/I 🗀 IXI I	<u>п</u> н		וווווו		,,,,

BEBÁ COMPANY HOLDINGS LTD.



Principal Place of Business

9155 S. DADELAND BLVD.

**SUITE 1602** MIAMI, FL 33156 Mailing Address

C/O ORION INVESTMENT & MANAGEMENT LTD. COR

P.O. BOX 560607

MIAMI, FL 33256



## DO NOT WRITE IN THIS SPACE

01092007 No Chg-LP

CR2E003 (12/06)

4, FEI Number 65-1022952

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY 9155 S DADELAND BLVD A1602 MIAMI, FL 33156

## DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,	i, in 1	the State of I	Florida.	I am familiar with, a	and accept
the obligations of registered agent.					

Signature, typed or printed name of registered agent and title if applicable.

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				
DOCUMENT # NAME	P00000059158 GABRIELLE HOLDINGS CORP.				
STREET ADDRESS CITY-ST-ZIP	9155 S DADELAND BLVD #1602 MIAMI, FL 33156				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					
DOCUMENT /					

U00000672939 03/29/07-80009-007 500.00

## DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP