

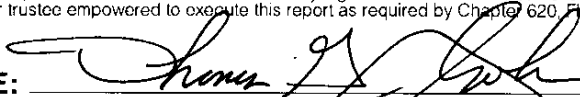


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A28934 1. Entity Name AA/MIAMI GROUP, LTD.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-weight: bold; transform: rotate(-5deg);">2007 MAR 13 AM 10:09</div> <div style="font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
Principal Place of Business 6600 S.W. 57TH AVE. MIAMI FL 33134				Mailing Address 6600 S.W. 57TH AVE. MIAMI FL 33134			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0146583				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRYER, WARREN 6600 S.W. 57TH AVE. SUITE 200 MIAMI FL 33143				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.							
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 # V58487 NAME ABRAHAM/MIAMI, INC. STREET ADDRESS 6600 SW 57TH AVE. CITY-ST-ZIP MIAMI FL 33134				STREET ADDRESS CITY-ST-ZIP			
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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: 				THOMAS G. ABRAHAM, PARTNER 3/5/07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			

STAPLE CHECK HERE