


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

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A93000000586</b> 1. Entity Name <b>JARABACOA, LTD.</b>	
--	---

Principal Place of Business <b>10800 SW 67TH CT. MIAMI, FL 33156</b>	Mailing Address <b>10800 SW 67TH CT. MIAMI, FL 33156</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>65-0460180</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, JOSE M 10800 SW 67TH CT. MIAMI, FL 33156</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_  
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 #	P93000035158
NAME	MACORIX, INC.
STREET ADDRESS	10800 SW 67 CT.
CITY-ST-ZIP	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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000700651  
04/20/07-80026-013 500.00

STAPLE CHECK HERE

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

\_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone #