## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## SECRETARY OF STATE TALLAHASSEE. FLORIDA **Due By May 1, 2008 DOCUMENT # A04000001014** 08 MAY 19 AM 8: 21 LAS BRISAS DE COLLINS, LTD. Principal Place of Business Mailing Address 11710 NW SOUTH RIVER DRIVE, SUITE 216 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178 MEDLEY, FL 33178 03132008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4 FELNumber Applied For Not Applicable 83-0399214 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Arnaldo Fernandez Batista DO NOT WRITE FERNANDEZ, IRIO M 11710 NW SOUTH RIVER DRIVE, SUITE 216 MEDLEY, FL 33178 IN THIS SPACE 8. The above named entity submits this settement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. P02000017662 DOCUMENT # NAME EL PROGRESO PLAZA, INC. STREET ADDRESS 11710 NW SOUTH RIVER DRIVE, SUITE 216 CJTY-ST-ZIP MEDLEY, FL 33178 DOCUMENT # 300129486233 05/14/08--01046--005 \*\*\*500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE OOCUMENT #

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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT #

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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