

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A05000002085

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** CRUMAN FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

45 NW 125 AVE  
MIAMI, FL 33182

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 441735  
MIAMI, FL 331441735

**New Mailing Address:**

**FEI Number:** 20-3916752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENITEZ & ASSOCIATES  
122 MINORCA AVE.  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CRUZ, ARMANDO J  
Address: P.O. BOX 940114  
City-St-Zip: MIAMI, FL 33194

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: CRUZ, ARMANDO A  
Address: P.O. BOX 940114  
City-St-Zip: MIAMI, FL 33194

Address:  
City-St-Zip:

Document #:

Name: CRUZ, ARMANDO D  
Address: P.O. BOX 940114  
City-St-Zip: MIAMI, FL 33194

Address:  
City-St-Zip:

Document #:

Name: CRUZ, VANESSA B  
Address: P.O. BOX 940114  
City-St-Zip: MIAMI, FL 33194

Address:  
City-St-Zip:

Document #:

Name: CRUZ, BEATRIZ E  
Address: P.O. BOX 940114  
City-St-Zip: MIAMI, FL 33194

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: ARMANDO CRUZ

PART

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date