

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000255

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** OSMA LIMITED PARTNERSHIP

**Current Principal Place of Business:**

2719 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2719 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LOPEZ, VALENTIN  
2600 DOUGLAS ROAD, NO. 811  
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 #: L05000121457  
Name: OSMA HOLDINGS, LLC  
Address: 2719 PONCE DE LEON BOULEVARD  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

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: OSMA HOLDINGS, LLC

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

02/29/2012

\_\_\_\_\_  
Date