

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000001263

**FILED**  
**Aug 06, 2012**  
**Secretary of State**

**Entity Name:** BRANCHES FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3075 NW SOUTH RIVER DR.  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3075 NW SOUTH RIVER DR.  
MIAMI, FL 33142

**New Mailing Address:**

**FEI Number:** 20-5894344

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LICKSTEIN, FRED K ESQ.  
FOWLER WHITE BURNETT PA  
1395 BRICKELL AVENUE -14TH FLOOR  
MIAMI, FL 33131 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: RAMOS, BRUNO E  
Address: 200 CAPE FLORIDA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: RAMOS, MARTIZA F  
Address: 200 CAPE FLORIDA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

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:** MARITZA RAMOS

VP

08/06/2012

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

\_\_\_\_\_  
Date