


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001447**

1. Entity Name  
**SUAREZ-MURIAS FAMILY LLLP**



Principal Place of Business      Mailing Address  
**275 HARBOR DRIVE**                      **275 HARBOR DRIVE**  
**KEY BISCAYNE, FL 33149**              **KEY BISCAYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-LP      CR2E003 (11/05)

4. FC Number <b>65-1042847</b>	Applied For 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

**SUAREZ-MURIAS, JORGE**  
**275 HARBOR DRIVE**  
**KEY BISCAYNE, FL 33149**

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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, 2006, 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 # NAME STREET ADDRESS CITY - ST - ZIP	L05000066934 LORAMUR LIMITED LIABILITY COMPANY 275 HARBOR DRIVE KEY BISCAYNE, FL 33149
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U00000436139  
 02/27/06-80020-016 500.00

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:** Jorge Suarez-Murias      2-10-06      305 361-2272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #