

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000001447**

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



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

Mailing Address  
**275 HARBOR DRIVE  
KEY BISCAYNE, FL 33149**



04052008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-1042847**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

U000000917704  
05/13/08-80053-011 500.00  
DATE

**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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **L05000066934**  
NAME **LORAMUR LIMITED LIABILITY COMPANY**  
STREET ADDRESS **275 HARBOR DRIVE**  
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-5-08 305 361-2272

786  
268-1333

STAPLE CHECK HERE