2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2007 Apr 27, 2007 08:00 A Secretary of State DOCUMENT # A0000001448 - " 1. Entity Name SUAREZ-MURIAS REAL ESTATE LLLP Principal Place of Business Mailing Address 275 HARBOR DRIVE 275 HARBOR DRIVE KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 04242007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 65-1042845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUAREZ-MURIAS, JORGE DO NOT WRITE **275 HARBOR DRIVE** KEY BISCAYNE, FL 33149 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. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # L05000065560 SUAVEX-LLC MALE STREET ADDRESS 275 HARBOR DRIVE CITY-ST-ZIP KEY BISCAYNE, FL 33149 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # MALE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # SHICK NAME STREET ADORESS CITY-ST-ZP U00000739056 DOCUMENT # 05/14/07-80009-018 500.00 NAME STREET ADDRESS CITY-ST-ZIP

supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information because 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 to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

I hereby certify that the information indicated on this report is true and or the receiver or trustee empowers