


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

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

**DOCUMENT # A0000001448.**


1. Entity Name  
**SUAREZ-MURIAS REAL ESTATE LLLP**



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

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

**DO NOT WRITE IN THIS SPACE**



04052008 No Chg-LP CR2E003 (12/06)

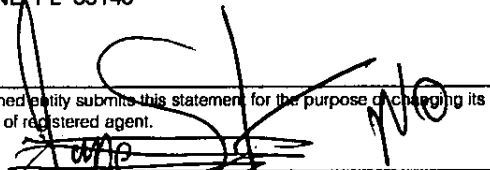
4. FEI Number <b>65-1042845</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SUAREZ-MURIAS, JORGE  
 275 HARBOR DRIVE  
 KEY BISCAWAYNE, 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  DATE **4-5-08**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

U00000917706  
 05/13/08-80053-012 500.00

**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 #	<b>L05000085560</b>
NAME	<b>SDAVEX LLC</b>
STREET ADDRESS	<b>275 HARBOR DRIVE</b>
CITY-ST-ZIP	<b>KEY BISCAWAYNE, FL 33149</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  DATE **4-5-08** DAYTIME PHONE # **786-268-1333**

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

*(General Partner)*