

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001517

**FILED**  
**Jan 06, 2007**  
**Secretary of State**

**Entity Name:** LOIRA FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

104 CRANDON BLVD., SUITE 315  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

104 CRANDON BLVD., SUITE 315  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 65-0967907

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OROZCO, GINETTE  
527 BAY LANE  
KEY BISCAYNE, FL 33149 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: OROZCO, GINETTE

Address: 527 BAY LANE

City-St-Zip: KEY BISCAYNE, FL 33149

Document #:

Name: PERDOMO BARAT, BETTY

Address: 104 CRANDON BLVD., SUITE 315

City-St-Zip: KEY BISCAYNE, FL 33149

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: GINETTE OROZCO

GP

01/06/2007

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

\_\_\_\_\_  
Date