## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A0000001517

Name:

Address:

City-St-Zip:

LIEVANO, ISABEL

7602 CERVAUTES CT

SPRINGFIELD, VA 22153

Entity Name: LOIRA FAMILY LIMITED PARTNERSHIP

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place	of Business:
452 WEST FLAGLER STREET MIAMI, FL 33130		
Current Mailing Address:	New Mailing Address	:
P.O. BOX 490315 KEY BISCAYNE, FL 33149		
FEI Number: 65-0967907 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Ag		New Registered Agent:
OROZCO, GINETTE 527 BAY LANE KEY BISCAYNE, FL 33149 US		
The above named entity submits this statement for the pin the State of Florida.	ourpose of changing its registered	l office or registered agent, or both
SIGNATURE:		
Electronic Signature of Registered Age	ent	Date
GENERAL PARTNER INFORMATION:	ADDRESS CHANGES ONL	Y:
Document #:  Name: OROZCO, GINETTE  Address: 527 BAY LANE  City-St-Zip: KEY BISCAYNE, FL 33149  Document #:	Address: City-St-Zip:	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 03/25/2009