

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A00000001517

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** LOIRA FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

452 WEST FLAGLER STREET  
MIAMI, FL 33130

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490315  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 65-0967907      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

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

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

DI CARLO, FABRIZIO  
55 SE 6 ST  
STE 2000  
MIAMI, FL 33131 US

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: FABRIZIO DI CARLO

05/03/2010

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

**Document #:**

**Name:** OROZCO, GINETTE  
**Address:** 527 BAY LANE  
**City-St-Zip:** KEY BISCAYNE, FL 33149

**ADDRESS CHANGES ONLY:**

**Address:** 452 WEST FLAGLER ST  
**City-St-Zip:** MIAMI, FL 33130

**Document #:**

**Name:** LIEVANO, ISABEL  
**Address:** 7602 CERVAUTES CT  
**City-St-Zip:** SPRINGFIELD, VA 22153

**Address:** 7602 CERVANTES CT  
**City-St-Zip:** SPRINGFIELD, VA 22153

I hereby 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

PTE

05/03/2010

Electronic Signature of Signing General Partner

Date