

**LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000001645	
1. Entity Name: V.M.Y.A. FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 3250 S DIXIE HWY MIAMI FL 33133	Mailing Address 3250 S DIXIE HWY MIAMI FL 33133
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 58-2594386	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MIAMI-DADE HOLDINGS CORPORATION 3250 S DIXIE HWY MIAMI FL 33133	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 fee if applicable DA-1

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	MARGOLIN, VLADIMIR	STREET ADDRESS	
NAME	3250 S DIXIE HWY	CITY-ST-ZIP	
STREET ADDRESS	MIAMI FL 33133		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	U000000835729
NAME		CITY-ST-ZIP	02/29/08-80047-003 500.00
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

✓ 2.10.08

Date

Drawing Place

STAPLE CHECK HERE