

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

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A00000002076

1. Entity Name:

PARDO PARTNERSHIP, LLLP



Principal Place of Business

266 WEST 35TH STREET  
MIAMI BEACH FL 33140

Mailing Address

6061 COLLINS AVE  
9F  
MIAMI BEACH FL 33140



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

4. FEI Number

65-1077351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E003 (10/07)

6. Name and Address of Current Registered Agent

MILLAN, MYRNA P  
266 WEST 35TH STREET  
MIAMI BEACH FL 33140

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 date of application

DATE

**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

| DOCUMENT # | NAME          | STREET ADDRESS       | CITY - ST - ZIP      |
|------------|---------------|----------------------|----------------------|
|            | MILLAN, MYRNA | 266 WEST 35TH STREET | MIAMI BEACH FL 33140 |
|            |               |                      |                      |
|            |               |                      |                      |
|            |               |                      |                      |
|            |               |                      |                      |
|            |               |                      |                      |
|            |               |                      |                      |
|            |               |                      |                      |

13. ADDRESS CHANGES ONLY

| STREET ADDRESS | CITY - ST - ZIP                           |
|----------------|---|
|                | 000000738618<br>01/30/08-80033-026 500.00 |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |
|                |   |

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

*Myrna P. Millan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MYRNA P. MILLAN

1/23/08

305-864-2677

Date

Office Phone

STAPLE CHECK HERE