## 2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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## **FILED** DOCUMENT # A01000000086 Jan 24, 2007 08:00 AM 1. Enlity Name **Secretary of State** THE MUY FAMILY LIMITED PARTNERSHIP Principal Place of Business Maiting Address 3251 EAST 11TH AVENUE 190 W. 51 STREET HIALEAH FL 33013 HIALEAH FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) Applied For City & State City & State 4. FFI Number 03-0409564 Not Applicable Zιρ Country -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHMAN, SCOTT G ESQ Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER STREET, 14TH FLOOR MIAMI FL 33130 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 title if applicable. DATE FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P01000004676 STREET ADDRESS MUY REALTY, INC. <del>U00000600809</del>-STREET ADDRESS 190 W. 51ST STREET 01/26/07-80026-004 500.00 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 DOCUMENT# STREET LADDRESS NAME STREET ADDRESS CITY - ST- 7IP CHY-SI-ZIP DOCUMENT # STRLET ADDRESS NAME SURFEL ADDRESS CITY - ST- 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STRUCT ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-S1-7/P CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutos. 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 eath; 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