

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 10, 2006 08:00 AM
Secretary of State

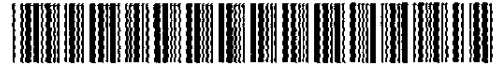
DOCUMENT # A01000000529

1. Entity Name
CEMUSA MIAMI, LTD.



Principal Place of Business
**2119 N.W. 84TH AVENUE
MIAMI, FL 33126**

Mailing Address
**2119 N.W. 84TH AVENUE
MIAMI, FL 33126**



02022006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
76-0708905

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CONSTANTINOU, TOULLA P
2119 N.W. 84TH AVENUE
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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 \$500.00
After May 1, 2006, Fee will be \$900.00**

000000429033
02/21/06-80069-022 500.00

**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 # **F01000002109**
NAME **CEMUS CORPORACION EUROPEA DE MOBILIARIO**
STREET ADDRESS **FRANCISCO SANCHEZ 24**
CITY-ST-ZIP **MADRID SPAIN.**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: JUAN ZAMARRA 2/3/06 305 500 9993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #