## ARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## **DOCUMENT # A01000001509**

1. Entity Name
FMV FAMILY LIMITED PARTNERSHIP



FILED Mar 10, 2008 08:00 AN Secretary of State

Principal Place of Business

22400 OLD DIXIE HWY MIAMI, FL 33170

Mailing Address

22400 OLD DIXIE HWY MIAMI, FL 33170



## DO NOT WRITE IN THIS SPACE

01172008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1155204 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VARELA, FRANCES 22400 OLD DIXIE HWY MIAMI, FL 33170

## DO NOT WRITE IN THIS SPACE

MIAMI, FL 33170		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, 2008, Fee will be \$900.00		
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 # NAME	WARELA EDANOCO M	
STREET ADDRESS	VARELA, FRANCES M 22400 OLD DIXIE HWY	
CITY-ST-ZIP	MIAMI, FL 33170	
DOCUMENT #		U00000854327 03/27/08-80003-013 500.00
NAME		03/27/08-,80003-013 500.00
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NAME		DO NOT WIDITE
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CITY-ST-ZIP		IN THIS SPACE
DOCUMENT #		IN THIS SPACE
NAME STREET ADDRESS :		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this fligg does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

BIGHATURE AND TYPED OR PRINTED NAME OF BIGNING GENERAL PARTNER

3/6/08

.215-551-6508

Daytime Ph