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

STAPL

SIGNATURE

FILED DOCUMENT # A01000001686 Apr 30, 2007 08:00 AM Secretary of State ZAYAS-BAZAN FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 11377 WEST FLAGLER ST. PO BOX 65-0856 MIAMI FL 33265 **MIAMI FL 33174** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, otc 1st MOORE CR2E003 (10/06) Applied For City & State City & State 4. FEI Numbor 20-0622621 Not Applicable Zip Zip 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 Namo **ROZENCWAIG & FERRERO CARR** Street Address (P.O. Box Number is Not Acceptable) 301 W. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered effice 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 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. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT# L01000013282 STREET ADDRESS NAME _ E & A FAMILY HOLDINGS, L.C. STREET ADDRESS 11377 WEST FLAGLER ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAML STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP DOCUMENT # STREET ADDRESS NAMI* <u>U00000747801</u> STREET ADDRESS 05/17/07-80040-015 500.00 CUTY-ST-ZIP CITY-ST-76P DOCUMENT # STREET ADDRESS NAME SIRLET ADDRESS CITY-ST-ZIP SITY-SI-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CfTY-ST-7IP 14. I floreby cortify 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 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