

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000000017

1. Entity Name
 PUERTO RICO HOLDINGS, LTD.



Principal Place of Business
 201 ALHAMBRA CIRCLE, SUITE 502
 CORAL GABLES, FL 33134

Mailing Address
 P.O. BOX 194242
 SAN JUAN, 00919-4242 PR

2. Principal Place of Business - No P.O. Box
 5901 SW 74 Street Suite 407

3. Mailing Address

Suite, Apt. #, etc.
 South Miami

Suite, Apt. #, etc.

City & State
 Florida

City & State

Zip
 33143

Country
 USA

Zip

Country

04192007 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-2346148

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M ESQ.
 201 ALHAMBRA CIRCLE, SUITE 502
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name Isabel S. Martinez, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
Villaverde & Martinez PLLC
5901 SW 74 Street, Suite 407
 City South Miami, FL Zip Code 33143

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]
 Signature, typed or printed name of registered agent and title if applicable

DATE 4-25-07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P00000096761
NAME	PUERTO RICO HOLDINGS, INC.
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 502
CITY-ST-ZIP	CORAL GABLES, FL 33134
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	5901 SW Street, Suite 407
CITY-ST-ZIP	South Miami, Florida 33143
STREET ADDRESS	200103703342
CITY-ST-ZIP	06/01/07--01017--014 **508.75
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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 [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE April 20, 2007 939-717-1711
 Date Daytime Phone #

STAPLE CHECK HERE

FILED
 07 MAY 24 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

