


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A02000000017


1. Entity Name
PUERTO RICO HOLDINGS, LTD.



Principal Place of Business Mailing Address
201 ALHAMBRA CIRCLE, SUITE 502 **P.O. BOX 194242**
CORAL GABLES, FL 33134 **SAN JUAN, 00919-4242 PR**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5901 SW 74 Street Suite 407 Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
South Miami City & State
 City & State City & State
Florida **Florida**
 Zip Country Zip Country
33143 **USA**

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



04192007 Chg-LP CR2E003 (12/06)


4. FEI Number Applied For
20-2346148 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 State Zip Code
South Miami, FL 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  DATE **4-25-07**

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE