

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 9:19

DOCUMENT # A02000000017

1. Entity Name
 PUERTO RICO HOLDINGS, LTD.



Principal Place of Business
 5901 SW 74 STREET SUITE 409
 SOUTH MIAMI, FL 33143

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



2. Principal Place of Business - No P.O. Box #

2655 S. Le Jeune Road

3. Mailing Address

Suite, Apt. #, etc.

Suite 809

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip

33134

Country

Zip

Country

04042008

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

MARTINEZ, ISABEL S ESQ.
 5901 SW 74 STREET SUITE 409
 SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2655 S. Le Jeune Road

Suite 809

City

Coral Gables

FL

Zip Code

33134

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000096761
 NAME PUERTO RICO HOLDINGS, INC.
 STREET ADDRESS 5901 SW 74 STREET SUITE 409
 CITY-ST-ZIP SOUTH MIAMI, FL 33143

STREET ADDRESS 2655 S. Le Jeune Road
 CITY-ST-ZIP Suite 809
 Coral Gables, FL 33134

DOCUMENT #
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DOCUMENT #
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 CITY-ST-ZIP

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: NESTOR L CAMACHO - TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: April 8, 2008 934-717-1711

STAPLE CHECK HERE