

**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

04042008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-2346148

Applied For
Not Applicable

Zip
33134

Country

Zip

Country

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

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

13. ADDRESS CHANGES ONLY

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

NESTOR L CAMACHO - TREASURER

SIGNATURE: *Nestor L Camacho*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 8, 2008 939-717-1711

Date

Business Phone #

STAPLE CHECK HERE