


**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.

04042008 Chg-LP CR2E003 (12/06)

City & State  
*Coral Gables, FL*

City & State

Zip  
*33134*

Country

Zip

Country

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

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000096761 PUERTO RICO HOLDINGS, INC. 5901 SW 74 STREET SUITE 409 SOUTH MIAMI, FL 33143	STREET ADDRESS CITY-ST-ZIP	<i>2655 S. Le Jeune Road</i> <i>Suite 809</i> <i>Coral Gables, FL. 33134</i>
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STAPLE CHECK HERE

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* Date: *April 8, 2008* 939-717-1711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER