


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000551</b> 1. Entity Name <b>M.N.S. FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>2645 SOUTH BAYSHORE DRIVE, UNIT 1803 COCONUT GROVE, FL 33133</b>	Mailing Address <b>2645 SOUTH BAYSHORE DRIVE, UNIT 1803 COCONUT GROVE, FL 33133</b>
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**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>03-0423814</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLAZA, SUITE 700  
MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**

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	
DOCUMENT #	
NAME	<b>SCHLEIFER, MARTIN TRUSTEE</b>
STREET ADDRESS	<b>2645 SOUTH BAYSHORE DRIVE, UNIT 1803</b>
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>
DOCUMENT #	
NAME	<b>SCHLEIFER, NANCY TRUSTEE</b>
STREET ADDRESS	<b>2645 SOUTH BAYSHORE DRIVE, UNIT 1803</b>
CITY-ST-ZIP	<b>COCONUT GROVE, FL 33133</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000937706  
05/27/08-80062-003 500.00

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:**  **4/26/08** **305-856-6448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #