

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

DOCUMENT # A02000000816

1. Entity Name  
AMER FAMILY HOLDINGS, LTD.



Principal Place of Business  
430 CONSTANERA ROAD  
CORAL GABLES, FL 33143

Mailing Address  
430 CONSTANERA ROAD  
CORAL GABLES, FL 33143

**FILED**  
**Jun 13, 2008 08:00 AM**  
**Secretary of State**



05292008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
03-0472388

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

AMER, SALAH DR.  
430 CONSTANERA ROAD  
CORAL GABLES, FL 33143

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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

**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 # L02000014603  
NAME AMER FAMILY MANAGEMENT, LLC  
STREET ADDRESS 430 CONSTANERA ROAD  
CITY-ST-ZIP CORAL GABLES, FL 33143

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06/13/08-80004-011 500.00

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IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE