

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

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

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
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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 <input type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

06/13/08-80004-011 500.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 6/15/08 DAYTIME PHONE #