

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A02000001333 1. Entity Name THE MADEIRA FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 18 RIVERVIEW ROAD HOBE SOUND FL 33455				Mailing Address 18 RIVERVIEW ROAD HOBE SOUND FL 33455	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		FILED 07 MAY 24 AM 9:42 SECRETARY OF STATE TALLAHASSEE  1st MOORE CR2E003 (10/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 06-1654862				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent L.N.M. MANAGEMENT, INC. 18 RIVERVIEW ROAD HOBE SOUND FL 33455				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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	P02000086793 L.N.M. MANAGEMENT, INC. 18 RIVERVIEW ROAD HOBE SOUND FL 33455			STREET ADDRESS CITY - ST - ZIP	610 HUNTINGTON 3801 PGA BLVD. STE 900 PALM BEACH GARDENS, FL 33410
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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: <i>By: Katelyn A. Hoffman, SUP</i> 4/25/07 (561)622-0384 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <i>HUNTINGTON NATION BANK</i>					

STAPLE CHECK HERE