

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # A02000001448	
1. Entity Name PALENCIA FAMILY LTD. PARTNERSHIP	

Principal Place of Business 7258 BEDLINGTON RD. MIAMI LAKES FL 33014	Mailing Address 7258 BEDLINGTON RD. MIAMI LAKES FL 33014
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 65-1160584	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PALENCIA, RITA M 7258 BEDLINGTON RD. MIAMI LAKES FL 33014

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 _____
Signature typed or printed name of registered agent and date if applicable

FILE NOW!!! Fee is \$500.* After May 1, 2008, 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 #	P02000117969	STREET ADDRESS	
NAME	RM PALENCIA, INC.	CITY-ST-ZIP	
STREET ADDRESS	7258 BEDLINGTON RD.		
CITY-ST-ZIP	MIAMI LAKES FL 33014		
DOCUMENT #		STREET ADDRESS	000000858848
NAME		CITY-ST-ZIP	04/01/09-80062-004 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Rita M Palencia* **Rita M Palencia** 3-11-08 **538-9452**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE