

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

**FILED  
May 02, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # A0300000037**  
1. Entity Name  
**PHOEBE VONP. KROME FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**15101 S.W. 200 STREET  
MIAMI, FL**

Mailing Address  
**P.O. BOX 596  
HOMESTEAD, FL 33090**



04282008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **06-1665281** Applied For  
Not Applicable

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

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

**KROME, MEDORA  
29420 S.W. 205 AVENUE  
HOMESTEAD, FL 33030**

**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  
After May 1, 2008, Fee will be \$900.00**

U00000946289  
05/30/08-80042-017 500.00

**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 STREET ADDRESS CITY-ST-ZIP	<b>KROME, MEDORA 29420 S.W. 205 AVENUE HOMESTEAD, FL 33030</b>
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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:**

*Medora Krome*

**Medora Krome**

**4-29-08**

**305 235-3520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE