


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

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

|   |   |
|---|---|
| <b>DOCUMENT # A03000000037</b>                                  |  |
| 1. Entity Name<br>PHOEBE VONP. KROME FAMILY LIMITED PARTNERSHIP |   |

|   |  |
|---|--|
| Principal Place of Business<br>15101 S.W. 200 STREET<br>MIAMI, FL | Mailing Address<br>P.O. BOX 596<br>HOMESTEAD, FL 33090 |
|---|--|

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-LP CR2E003 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>06-1665281                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | KROME, MEDORA<br>29420 S.W. 205 AVENUE<br>HOMESTEAD, FL 33030 |
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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:** 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