


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 22 PM 2:16

DOCUMENT # A03000000150		
1. Entity Name HAVANA CRACKER, LLLP		

Principal Place of Business 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131	Mailing Address 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 370 Minorca Ave	3. Mailing Address 370 Minorca Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134	Country USA
City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134	Country USA



04252008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent BERRIOS, XIMENA B 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 370 Minorca Ave City Coral Gables FL Zip Code 33131	
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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 <u>Ximena Berrios</u> DATE <u>4.24.08</u> Signature, typed or printed name of registered agent and title if applicable.	
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L03000003634 HAVANA CRACKER, GP., LLC 1395 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	STREET ADDRESS CITY-ST-ZIP	370 Minorca Ave Coral Gables FL 33134
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300129801909 05/19/08--01033--015 **500.00
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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: <u>Ximena Berrios</u>	DATE: <u>4.24.08</u>	DAYTIME PHONE: <u>3057770300</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

STAPLE CHECK HERE