


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # A03000000523
 1. Entity Name
 CESPEDES FAMILY LIMITED PARTNERSHIP



Principal Place of Business 11160 N. KENDALL DRIVE SUITE 111 MIAMI, FL 33176	Mailing Address 11160 N. KENDALL DRIVE SUITE 111 MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-LP CR2E003 (12/06)

4. FEI Number 02-0686312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CESPEDES, EDGARDO
 11160 N. KENDALL DRIVE
 SUITE 111
 MIAMI, FL 33176

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

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 #	P03000001101
NAME	CESPEDES INVESTMENTS, INC.
STREET ADDRESS	11160 N. KENDALL DRIVE, SUITE 111
CITY- ST- ZIP	MIAMI, FL 33176
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1100000845812
 03/18/08-80003-002 500.00

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STAPLE CHECK HERE

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:  DATE: 2/29/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #