

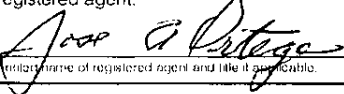



**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A03000001797 1. Entity Name JOSE & ALODIA ORTEGA FAMILY LIMITED PARTNERSHIP						FILED 07 FEB 19 AM 9:40 SECRETARY OF STATE 	
Principal Place of Business 704 S.W. 17TH AVENUE SUITE 1 MIAMI FL 33135				Mailing Address 704 S.W. 17TH AVENUE SUITE 1 MIAMI FL 33135			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SAAVEDRA, JOSE A 9400 SOUTH DADELAND BLVD., PH-5 MIAMI FL 33156				7. Name and Address of New Registered Agent Name JOSE & ALODIA ORTEGA Street Address (P.O. Box Number is Not Acceptable) 704 SW 17th Avenue, Suite 1 City Miami FL Zip Code 33135			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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 # P03000153061 NAME JOSE & ALODIA ORTEGA INC. STREET ADDRESS 704 S.W. 17TH AVENUE, SUITE 1 CITY- ST- ZIP MIAMI FL 33135				STREET ADDRESS CITY- ST- ZIP			
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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: 						1/23/07 305-643-2700 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE