Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.

FILED
Feb 01, 2008 08:00 AM
Secretary of State

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A03000001836

1. Entity Name
THE MORE-VAL FAMILY LP LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
3291 SW 16 LN MIAMI, FL 33145	3291 SW 16 LN MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

01292008 No Chg-LP CR2E003 (12/06)

4. FEI Number
90-0077353

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TEJEDA, MELBA
3291 SW 16 LANE
MIAMI, FL 33145

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 date 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 #	P03000050399
NAME	MORIB INVESTMENTS TRUST INC.
STREET ADDRESS	3291 SW 16 LANE
CITY-ST-ZIP	MIAMI, FL 33145
DOCUMENT #	
NAME	RUA, CARLOS R
STREET ADDRESS	3291 SW 16 LN
CITY-ST-ZIP	MIAMI, FL 33145
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000812214
02/12/08-80037-011 500.00

DO NOT WRITE IN THIS SPACE

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: _____ 1-30-2009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #