## ,2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A040000054  1. Entity Name PMC FAMILY LIMITED PARTNERSHIP					FILED 07 HAY 18 PM 4: 16			
Principal Place of Business Mailing Address 10360 SW 60TH STREET 8236 W. FLAGLER STR MIAMI, FL 33173 MIAMI, FL 33144			reet		SEGRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business - No P.O. Box #     3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LP	CR2E003 (12/06)	
City & Stat	le	City & State		4. FEI Number 20-16135	 31	Applied For Not Applicable		
Zip	Country Zip		Count	у	5. Certificate of Status Desired \$8.75 Addition Fee Required		\$8.75 Additional	
6. Name and Address of Current Registered Agent  CORDOBA, PANFILOTA R ESQ 8236 W. FLAGLER STREET MIAMI, FL 33144				<del> </del>	t Address (P.O. Box Number is Not Acceptable)			
8. The above the obligat SIGNATURE		Ponfi and title 1 applicable. VIII FEE 18 \$500.00	10 R.	d office or register	ed agent, or both, in	the State of Flor	ida. I am familiar with, and accept	
	After May 1, 2 A GENERAL PARTNER 1 NOTE: General Partners MA	1907, Fee will be \$90 THAT IS A BUSINESS EI TY NOT be changed on the change of the cha	NTITY MU	IST BE REGIST an amendmen	TERED AND ACT	IVE WITH THI	S OFFICE.	
12. GENERAL PARTNER INFORMATION				<del></del>		ADDRESS CHA	NGES ONLY	
DOCUMENT # NAME STREET ADDRESS	P0400004367 15480 MIAMI, FL. INC. 555 10360 SW 60TH STREET			STREET ADDRESS 100103703431 . 05/01/0701017016 **508.75				
CITY-ST-ZIP DOCUMENT #	MIAMI, FL 33173	· · · · · · · · · · · · · · · · · · ·	CITY-	ST- ZIP				
NAME STREET ADDRESS			STREE	T ADDRESS				
DOCUMENT #				T ADDRESS				
STREET ADDRESS			CITY-S	-				
DOCUMENT #			STREET	T ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP			CITY-S		<u> </u>	***************************************		
DOCUMENT #			STREE	r address				
NAME STREET ADDRESS CITY-ST-ZIP			City-s	ST- ZIP				
DOCUMENT #		····	STREE	T ADDRESS			_	
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP		<del></del>	79	
14. I hereby certify that the improvation supplied with this thing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue and accurate and that my signature shall have the same legal effect as if made under oath, that if am a General Pariner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								
SIGNAT	URE: AND TIPED OF	PRINTED NAME OF BIGNING GENES	LOR.	Cordaba	appre.	4/16/0	7 305.490-922	