

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

**DOCUMENT # A04000001367**

1. Entity Name  
**A.M.A. REAL ESTATE INVESTMENTS, LTD.**



Principal Place of Business  
**% A.M.A. REAL ESTATE INVESTMENTS, INC.**  
**2460 SW 137TH AVE., SUITE 238**  
**MIAMI, FL 33175**

Mailing Address  
~~% A&A REGISTERED AGENT, INC.~~  
~~4551 PONCE DE LEON BLVD.~~  
~~CORAL GABLES, FL 33146~~

**FILED**

**2007 APR 30 AM 10:16**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



04122007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2460 SW 137 Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 238</b>	
City & State		City & State <b>Miami, FL</b>	
Zip	Country	Zip	Country
<b>33175</b>		<b>33175</b>	<b>USA</b>

4. FEI Number <b>20-1918988</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**OCHOA, CARMEN L**  
**2460 SW 137 AVE**  
**SUITE 238**  
**MIAMI, FL 33175**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	P04000122233	STREET ADDRESS	
NAME	A.M.A. REAL ESTATE INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238		
CITY-ST-ZIP	MIAMI, FL 33175		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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:** **4-27-07**

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