

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED  
Apr 03, 2008 08:00 AM  
Secretary of State**

DOCUMENT # A04000001387



1. Entity Name

PUMO FAMILY, LTD.

Principal Place of Business

7327 NW MIAMI CT  
MIAMI FL 33150

Mailing Address

P O BOX 380100  
MIAMI FL 33238



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/07)

City & State

City & State

4. FEI Number

30-0281092

Applicable  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARASH, A. JEFFREY  
C/O A. JEFFREY BARASH, P.A.  
1140 KANE CONCOURSE, FOURTH FLOOR  
BAY HARBOR ISLANDS FL 33154

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

*Bennet Picerno*

DATE

2-08-08

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. After May 1, 2008, 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 #	P04000118512
NAME	THE PUMO FAMILY CORPORATION
STREET ADDRESS	7327 N.W. MIAMI COURT
CITY-ST-ZIP	MIAMI FL 33150
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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000000879125  
04/15/08-30008-001 500.00

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:

*Bennet Picerno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-08-08

Date

3057571823

Daytime Phone #