## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED** 08:00 AM ate

Due By May 1, 2007				Jan 31, 2007 08:00	
DOCU 1. Entity Nam MSHJ, LT		001577			Secretary of Sta
P.O. BOX 13	Principal Place of Business Mailing Address P.O. BOX 133650 P.O. BOX 133650 HIALEAH, FL 33013 HIALEAH, FL 33013				NII 2011 221 2011 2011 2011 2011 2011 201
С	OO NOT WRI	TE IN THIS S	PACE	01202007 No Chg-LP  4. FE! Number 20-1740998  5. Certificate of Status Des	CR2E003 (12/06)  Applied For Not Applicable Fee Required
\	6. Name and Address of Co	rrent Registered Agent			
JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, STE. 700 MIAMI, FL 33131				DO NOT	
	e named entity submits this statentions of registered agent.  Signature, typed or printed name of regulare		registered office or registe	U(	of Florida. 1 am familiar with, and accept 00000614443 :/07-88831001-500.00
	FILE After May	NOW!!! FEE IS \$500.00 1, 2007, Fee will be \$900	.00		
	A GENERAL PART	IER THAT IS A BUSINESS EN'S MAY NOT be changed on th	TITY MUST BE REGIS	TERED AND ACTIVE WIT	H THIS OFFICE.
12.		RTNER INFORMATION		<del></del>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME	MSHJ, INC. P.O. BOX 133650 HIALEAH, FL 33013		-		
STREET ADDRESS  CITY-ST-ZIP			,		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	
DOCUMENT #			,	IN THIS S	SPACE
STREET ADDRESS			. : *	1	<u>.</u>
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				•	
DOCUMENT #			]		

does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership tas required by Chapter 620, Florida Statutes I hereby certify that the information indicated on this report is true and or the receiver or trustee empoyer.

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED O RINTED NAME OF SIGNING GENERAL PARTNER

1.28.7107

7864127100

Daytime Phone #