

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000001935

1. Entity Name
NICOLAS ESTRELLA BUSINESS FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**3750 W FLAGLER STREET
 MIAMI, FL 33134**

Mailing Address
**3750 W FLAGLER STREET
 MIAMI, FL 33134**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112007

Chg-LP

CR2E003 (12/06)

4. FEI Number

20-4479355

Applied For

Not Applicable

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

**ESTRELLA, NICOLAS JR, PA
 3750 W FLAGLER STREET
 MIAMI, FL 33134**

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

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

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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**ESN MANAGEMENT LLC
 2665 S. BAYSHORE DRIVE, SUITE 703
 MIAMI, FL 33133**

STREET ADDRESS

CITY-ST-ZIP

**3750 W Flagler St
 Miami, FL 33134**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800103638618
 06/01/07 01007 010 **500.00**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/07

Date

Daytime Phone #

STAPLE CHECK HERE

FILED
 07 MAY 24 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA