

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

**FILED**

2007 APR 23 AM 10:49

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01262007 Chg-LP CR2E003 (12/06)

4. FEI Number **20-5221254** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # A06000000121**

1. Entity Name  
**THE FERNANDEZ MAITIN FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**10705 S.W. 88TH AVENUE  
 MIAMI, FL 33176**

Mailing Address  
**10705 S.W. 88TH AVENUE  
 MIAMI, FL 33176**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
**SLOTO, JAMES R  
 200 S. BISCAYNE BLVD., SUITE 3000  
 SLOTO & ASSOCIATES, P.L.  
 MIAMI, FL 33131**

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

**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	P06000002964 THE FERNANDEZ MAITIN FAMILY CORP. 10705 S.W. 88TH AVENUE MIAMI, FL 33176	STREET ADDRESS CITY-ST-ZIP	<b>700101348347</b> <b>05/03/07--01013--001 **500.00</b>
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STAPLE CHECK HERE

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: **BY: ANIA FERNANDEZ MAITIN** PRES. **1/26/07 3052797446**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #